Annual Report

Alberta Health

Alberta
HEALTH

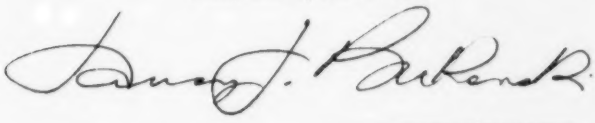
April, 1990

The Honourable Dr. David J. Carter
Speaker of the Legislative Assembly of Alberta

Sir:

I have the honour to present the Annual Report of the Department of Health, covering the fiscal year ended March 31, 1989.

Respectfully submitted,



Nancy J. Betkowski
Minister of Health

90-06341//

April, 1990

The Honourable Nancy J. Betkowski
Minister of Health
323 Legislative Building
Edmonton, Alberta
T5K 2B6

Madam Minister:

I have the honour to present the 1st Annual Report of the consolidated Department of Health. This information covers the fiscal year ended March 31, 1989.

Further statistical information on the operations of the Department can be found in the Department's Statistical Supplements, which are published separately.

Respectfully submitted,

Rhéal LeBlanc
Deputy Minister of Health

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Summary of Major Activities

New Department of Health

In September of 1988, Premier Don Getty announced the creation of a new, consolidated Department of Health for Alberta. This new Department combined the previous Alberta Department of Hospitals and Medical Care with the Mental Health and Public Health Divisions from the former Department of Community and Occupational Health.

The new Health Department, with the Honourable Nancy J. Betkowski as Minister, was intended to address a full range of health service issues in Alberta in a planned, coordinated and integrated fashion, including responsibility for hospitals, mental health services, community health services, and the Alberta Health Care Insurance Program.

In November of 1988 Rhéal J. LeBlanc was appointed Deputy Minister of this new Health Department. Mr. LeBlanc had previously served as the Deputy Minister of the Department of Hospitals and Medical Care.

Speech Therapy Improvements

In October of 1988 the Department of Health assumed responsibility for the delivery of speech therapy programs in Alberta including provincial schools. As a part of the new administrative arrangements an additional $6.9 million for speech therapy services was announced to expand and enhance services, especially those for school age children. The funding allowed for the addition of 47 new speech therapy positions across the province.

Nursing Initiatives

In December of 1988 the Minister of Health and the Premier announced a four-year, $30 million Nursing Initiatives Program, designed to address concerns in the delivery of health care, particularly in the nursing professions.

The initiatives followed recommendations made by the Premier's Commission on Future Health Care for Albertans in their interim report "Caring and Commitment: Concerns of Nurses in the Hospital and Nursing Home System" in June of 1988.

The initiatives were designed to help nurses upgrade their skills, allow nurses greater involvement in the decision-making process with respect to health care and to identify and address current and future concerns associated with the nursing professions.

Medical Equipment Purchases with Lottery Funds

In December of 1988 The Foothills Hospital in Calgary received $2.5 million from provincial lottery revenues to purchase a Magnetic Resonance Imaging (MRI) Scanner. In February of 1989 the Misericordia Hospital in Edmonton and the Holy Cross Hospital in Calgary received $2 million each in lottery funds to purchase two Lithotripter machines. The Lithotripters are used in the treatment of kidney stones while the MRI unit uses strong magnetic fields and radio frequency, rather than radiation, to produce high contrast images of the body.

The purchases allowed Alberta to keep pace with some of the most advanced medical technologies available.

Emergency Health Services

The Policy Advisory Committee on Health, chaired by Stan Schumacher, MLA, Drumheller, submitted its report: "New Dimensions in Emergency Health Services: An Alberta Solution", to the Minister of Health in May, 1988. The report made 41 recommendations regarding the Legislative framework, administration and standards relating to ambulance services.

New Mental Health Act

The new Alberta Mental Health Act (Bill 29) received Royal Assent on July 8, 1988. The Act provided for the appointment of a Mental Health Patient Advocate, broadened the rights of involuntary psychiatric patients and added safeguards for both patients and society. Regulations for the Mental Health Patient Advocate, Forms and Review Panels and general administration were drafted and circulated for public consultation.

Health Care Benefits Increased

A number of changes were made to the Alberta Health Care Insurance Plan benefits during the 1988-89 fiscal year. Highlights of these improvements included:

- Re-instatement of selective medical services related to contraceptive and sterilization services;
- Re-instatement of optometric eye examination to all Alberta residents;
- Increase in per-person limits each benefit year to $300 (from $200), for podiatric, chiropractic and physical therapy services.

New Computer System for Registration/Billing Operations

Full conversion to Alberta Health Care Insurance Plan's new registration and billing computer in October 1988 brought the Department's major Registration, Eligibility and Premium (REAP) project to a successful conclusion. The new computer system was designed to improve the level of service to both the public and to practitioners.

STATISTICAL HIGHLIGHTS

— The number of persons covered under the Alberta Health Care Insurance Plan increased 1.53 percent to 2,518,973 from 2,480,943 and the number of registrations increased 1.87 per cent to 1,160,380 from 1,139,065.

— The number of group plans under the Alberta Health Care Insurance Plan increased 0.43 per cent to 12,741 from 12,687 and the number of persons under group coverage increased 1.23 per cent to 1,683,531 from 1,663,039.

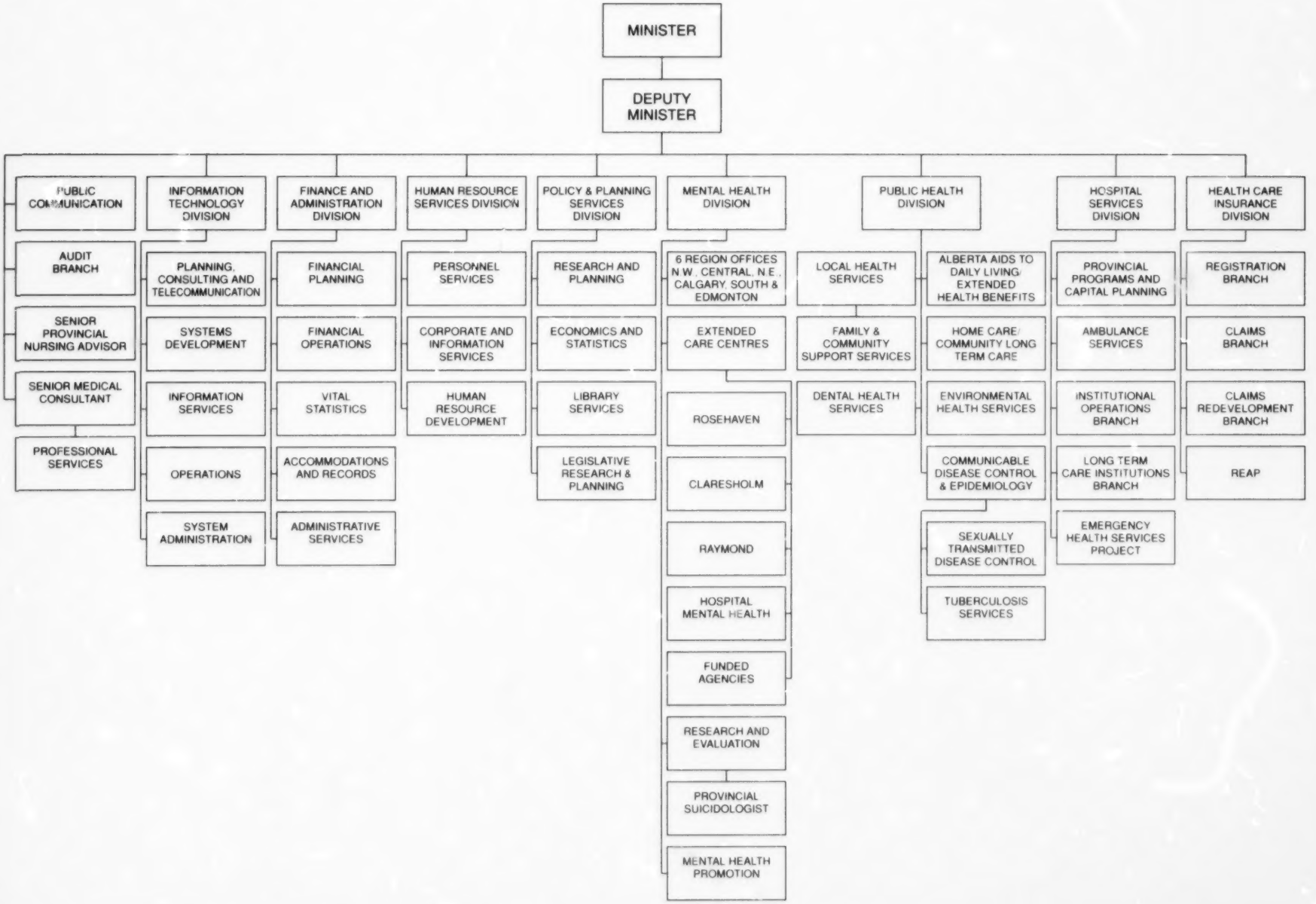
— Total expenditures by the Alberta Health Care Insurance Plan for Basic Health Services increased by 6.62 per cent to $724.7 million from $679.7 million in 1987-88.

— Total expenditures by Alberta Health in 1988-89, in its first year of operation as an integrated Department were $2.7 billion, including $43 million for Mental Health Services, $218.5 million for Community Health Services, $400.5 million for Long Term Care (nursing homes, auxiliary hospitals, etc.), $1.5 billion for Active Care (hospitals) and almost $500 million for the Health Care Insurance Plan.

— Total revenues collected by Alberta Health (payment from Government of Canada, fees, permits, licenses, refunds, etc.) in 1988-89 amounted to $519 million, including $504 million from the Government of Canada.

ALBERTA HEALTH ORGANIZATION CHART

April 1, 1989



Alberta Health Care Insurance Plan

DESCRIPTION

The Alberta Health Care Insurance Plan operates under the authority of the Alberta Health Care Insurance Act and the Health Insurance Premiums Act. It is a provincial government insurance plan which covers the costs of medical services and a number of related health care services for registered Alberta residents and their dependents.

Most employers arrange to register their employees and the employees' dependents through a group plan. All others, including people who are self-employed register by applying directly to Alberta Health Care.

BENEFITS

Benefits are paid on a fee-for-service basis according to an approved schedule of benefits. Payments are made to registered residents of Alberta or, on their behalf, directly to practitioners. As of March 31, 1989 all Albertans registered with Alberta Health Care are entitled to the following:

Basic Health Services:

- — approved services of physicians;
- — specified oral surgical procedures carried out by dental surgeons;
- — optometric services which consist of 3 benefits: a full eye examination (including refraction and the writing of a prescription for corrective lenses) at a set fee of $31.75; a partial examination at $21.00; and a single diagnostic procedure at $12.00.

  The 3 benefits are available: once each benefit year to children 18 years and younger, senior citizens and their dependents, and widows/widowers receiving the Alberta Widows' Pension and their dependents; once every 2 benefit years to all remaining Albertans aged 19 through 64 years.

  The limits do not apply when the eye examination/procedure is medically required. Alberta Health Care does not pay for the fitting or the cost of glasses.
- — chiropractic services to a maximum of $12.00 for each visit with a limit during each benefit period* of $300.00 per person. This coverage includes $19.90 for X-rays for each particular disability;
- — approved podiatric services and appliances with a limit during each benefit period* of $300.00 per person;
- — physical therapy services to a daily maximum of $19.60 per person, with a limit during each benefit period* of $300.00 per person. These limits are waived for cases which are considered a continuation of hospital care under the joint referral of the attending physician and hospital physical therapy department, and for persons eligible for Extended Health Benefits.

* A benefit period consists of 12 months, beginning the first of July and running until the end of the following June.

The benefits and limits for optometric, chiropractic, podiatric and physical therapy services became effective July 1, 1988.

Albertans registered with the Alberta Health Care Insurance Plan are also entitled to insured hospital services provided under the Alberta Hospitalization Benefits Plan which is covered separately in this Annual Report.

The monthly premium rates for the Alberta Health Care Insurance Plan as of March 31, 1989 are:

Regular Premium Rates	
Single	$18.00
Family	$36.00
Registrant or Spouse aged 65 and older	
Single or Family	NIL
Widows and Widowers receiving Alberta Widows' Pension	
Single or Family	NIL

During the year, the number of persons covered by Alberta Health Care increased 1.53 per cent to 2,518,973 from 2,480,943 and the number of registrations increased 1.87 per cent to 1,160,380 from 1,139,065.

The number of group plans increased 0.43 per cent to 12,741 from 12,687 and the number of persons under group coverage increased 1.23 per cent to 1,683,531 from 1,663,039. Included in the group figures are registrants 65 years of age and older and their spouses and dependents, widows and widowers receiving the Alberta Widows' Pension and their dependents, and registrants in receipt of an allowance under the Social Development Act.

Registrants who chose to opt out of Alberta Health Care as of March 31, 1989 decreased by 9.76 per cent to 74 from 82 at March 31, 1989. This involved 206 people who were responsible for paying their own health services.

The following are other programs which fall under Alberta Health Care:

PREMIUM ASSISTANCE PROGRAMS

Subsidized Programs

Reduced premiums, based on a person's previous year's taxable income*, are available if the person qualifies and applies. The subsidy granted by the Alberta Health Care Insurance Plan applies to one benefit period only and ends each June 30. A new application must be made for each benefit period.

* Taxable income is total income less allowable deductions for income tax purposes.

The monthly rates for the premium subsidy program are:

Single:	Taxable income not more than $3,500	NIL
	Taxable income above $3,500 but not more than $4,500	$ 6.00
	Taxable income above $4,500 but not more than $5,500	$12.00
Family:	Combined taxable income* not more than $6,000	NIL
	Combined taxable income* above $6,000 but not more than $8,000	$12.00
	Combined taxable income* above $8,000 but not more than $10,000	$24.00

* For family registration, taxable income of husband and wife are combined.

The number of registrations receiving coverage at reduced premium rates was as follows:

	Registrations March 31, 1989	**Registrations March 31, 1988**
Full Reduction (based on taxable Income)	105,794	119,391
Subsidized One-third reduced (based on taxable income)	8,083	9,959
Two-thirds reduced (based on taxable income)	10,241	12,519
Total Subsidized Registrants	**124,118**	**141,869**

Waiver of Premium

People who do not qualify for the Premium Subsidy Program and who are unable to pay their premiums due to current financial difficulties, may apply to Alberta Health Care to have their premiums temporarily waived.

Eligibility is based on the average monthly income over the three-month period just prior to the date the application is signed. Waiver of premiums does not apply to Alberta Blue Cross Non-Group membership.

The qualifying levels are as follows:

Number of persons covered	Average Monthly Limits
1	$ 700.00
2	$1,200.00
3	$1,250.00

For each additional dependent, $50.00 is added.

The number of registrations in the social allowance recipient group who received premium-free coverage increased 0.66 per cent to 66,792 from 66,355 and the number of persons covered increased 0.73 per cent to 136,774 from 135,787.

The number of registrants who did not qualify for the 100 per cent subsidy or social allowance, yet were granted waiver of premium due to current financial difficulties, decreased 27.99 per cent to 6,073 from 8,434.

EXTENDED HEALTH BENEFITS

This program is provided free of charge to registrants aged 65 and older and their spouses and dependents, and for widows and widowers receiving the Alberta Widows' Pension and their dependents. The following benefits are paid in accordance with an approved schedule of rates:

- Dental goods and services including restorative, surgical and prosthetic dental care and repairs to dentures. Not more than $1,200 is payable on behalf of one person for any two consecutive calendar years. A complete or partial dental plate or a reset for a given arch is payable only once in every five years and a reline or rebase once in every two years;
- Optical goods and services prescribed following an eye examination or required to maintain the prescription. A benefit for new eyeglasses is not payable more than once in every three years unless the eyeglasses have been accidentally damaged beyond repair or a change of prescription is necessary following eye surgery affecting vision.

The Public Health Division provided benefits for hearing aids and surgical and medical supplies and appliances.

The number of registrations in the 65 years of age and older group who were exempted from premium payments increased 3.69 per cent to 172,420 from 166,291 and the number of persons covered increased

3.39 per cent to 252,063 from 243,801.

The number of registrations with Alberta Widows' Pension coverage decreased 2.81 per cent to 3,489 from 3,590 and the number of persons covered decreased 3.99 per cent to 3,866 from 4,026.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

Additional health insurance is available through the Alberta Health Care Insurance Plan on an individual (non-group) basis at special rates to residents who are unable to obtain Alberta Blue Cross coverage through an employer. Included in this coverage are hospital differential charges for semi-private and private room care, ambulance services, prescribed drugs, appliances, clinical psychological services, home nursing and dental care required because of an accident.

Also, Alberta Health Care provides Alberta Blue Cross coverage at no charge to registrants aged 65 and older and their dependents, and to eligible widows and widowers age 55 to 64 and their dependents. This coverage is the same as for the non-group, with the exclusion of the hospital differential charges.

The monthly premium rates for Alberta Blue Cross Non-Group membership as at March 31, 1989, are:

Regular Premium Rates	
Single	$ 8.60
Family	$17.20
Registrant or Spouse aged 65 or older	
Single or Family	NIL
Widows and Widowers receiving Alberta Widows' Pension	
Single or Family	NIL
Subsidized Premium Rates	
Single	
Taxable income not more than $5,500	$ 6.10
Family*	
Combined taxable income not more than $10,000	$12.20

* For family registration, taxable income of husband and wife are combined.

The number of registrations under Alberta Blue Cross Non-Group coverage increased 1.13 per cent to 249,671 from 246,877 and the number of persons covered decreased 0.14 per cent to 438,366 from 438,976.

OUT-OF-PROVINCE ASSISTANCE PROGRAMS

Two programs are available to assist Albertans in covering the costs of insured medical and hospital services that are provided outside Alberta. They are the Out-of-Province Supplementary Assistance Program and the Emergency Financial Assistance Program.

Out-of-Province Supplementary Assistance

This program applies when an Alberta patient is referred by an Alberta physician elsewhere in Canada for insured medical services not available in Alberta, or outside the country if the service is not available in Canada.

The program covers insured medical and hospital costs. In addition, return air transportation costs, within Canada and continental U.S.A., can be covered.

Emergency Financial Assistance

Under this program, you may request special consideration to help pay for unexpected insured medical and/or hospital care required while temporarily absent from Alberta. The program applies only if the:

a) emergency health care could not have been reasonably foreseen and guarded against, and
b) the excessive costs of this care, beyond the amount covered by Alberta's health care and hospital insurance plans, place an undue financial burden upon you.

During the fiscal year 1988/89 the number of applicants to both programs increased by 78.94 per cent. The costs of the medical services increased by 20.32 per cent to $875,954, while hospital costs increased by 7.79 per cent to $2,278,791.

FINANCING THE PLAN

The Alberta Health Care Insurance Plan is financed by premiums, Government of Canada cash contributions and by a Government of Alberta grant to cover the remainder.

Premiums, interest and penalties collected from late premium payments financed 30.2 per cent of the cost of Alberta Health Care, compared to 29.4 per cent last year. Government of Canada cash contributions accounted for an additional 18.5 per cent of the cost as compared with 17.8 per cent for the previous year. The remaining 51.3 per cent was funded by a grant from the Government of Alberta. Last year this grant covered 52.8 per cent.

Prior to May, 1984, the Federal government's cash contribution to Alberta with respect to medical care was paid directly to the Health Care Insurance Fund by the federal government. Since May 1984, however, the cash contributions for hospital insurance and medical care

have been combined and paid directly to the provincial General Revenue Fund by the federal government. Amounts deemed by the Provincial Treasurer as relating to the medical care portion of the cash contribution have been transferred to the Health Care Insurance Fund.

BENEFIT EXPENDITURE*

Total expenditures for Basic Health Services (provided in and outside of Alberta) increased by 6.62 per cent to $724.7 from $679.7 million in 1988/89. Included were fee-for-service payments, as well as payments in respect of medical practitioners on salary, sessional and contract arrangements ($4,320,000).

Fee-for-service expenditures for Basic Health Services and their percentage changes over the previous year were:

	(Thousands of dollars)			
Medical	$653,997	a	5.63% increase of	$34,861
Oral Surgery	$ 9,853	a	24.96% decrease of	$ 3,278
Chiropractic	$ 24,327	a	17.13% increase of	$ 3,558
Optometry	$ 13,123	an	86.75% increase of	$ 6,096
Podiatry	$ 3,358	a	12.95% increase of	$ 385
Physical Therapy	$ 20,082	a	20.84% increase of	$ 3,464
TOTAL	**$724,740**	**a**	**6.62% increase of**	**$45,086**

* The data presented in this section refer to expenditures on a date-of-service basis for each reporting year, as presented in the Financial Statements of the Health Care Insurance Fund.

Alberta Health Care's coverage cost of benefits for Basic Health Services increased 5.02 per cent to $287.70 per person.

Payments for Workers' Compensation Board services have been excluded from the data relating to expenditures for Basic Health Services.

Fee-for-service expenditures for Extended Health Benefits and their percentage increases over the previous year were:

	(Thousands of dollars)			
Dentists	$22,932	a	2.55% increase of	$ 571
Denturists	$ 8,017	a	3.55% increase of	$ 275
Optometrists	$ 2,587	a	3.23% increase of	$ 81
Ophthalmic Dispensers	$ 3,144	a	10.70% increase of	$ 304
TOTAL	**$36,680**	**a**	**3.47% increase of**	**$1,231**

Out-of-province hospital costs refer to expenditures made by the Alberta Health Care Insurance Plan to other provinces in Canada and other countries on behalf of the Alberta residents who receive hospital services (in-patient and out-patient) outside Alberta. Expenditures increased by 23.05 per cent to $32,123,000 in 1988/89 from $26,105,000 in 1987/88.

Expenditures for Alberta Blue Cross Non-Group Membership rose to $121,075,000 from $109,081,000, an increase of 11.00 per cent.

Sessional Payment Programs

Sessional payments, an alternate form of physician remuneration, are negotiated on a program basis between individual hospitals and the Department. Sessional payment arrangements are often requested in order to establish and maintain specific programs. During the 1988/89 fiscal year programs under sessional payment agreements involved: psychiatric services, out-patient diagnostic and treatment services for children, geriatric services and neonatology and intensive care. Funding was also provided to three community health centres, two in Calgary and one in Edmonton and two sports medicine clinics closely associated with the Universities of Calgary and Alberta.

During the reporting year, sessional payment programs were reviewed and updated as necessary. The actual amount of funding provided from the Alberta Health Care Insurance Fund was $4,319,999.76.

In addition, the Department monitored and made payments on behalf of mental health sessional payment programs of the Department of Community and Occupational Health. These payments were later recovered from that Department. In September of 1988 Community and Occupational Health became part of Alberta Health.

Incentive Payments Program

The purpose of this program is to encourage physicians to practice in rural communities by providing incentive payments. The program is designed to improve medical service accessibility throughout the province.

Expenditures for location incentives for 1988/89 are estimated at $1,019,000.

Continuing Medical Education

By agreement with the Department, the Alberta Medical Association administers a Continuing Medical Education Program which is funded by the Department. This provides an allowance for fee-for-service Alberta physicians who wish to continue their post-graduate medical education. Department funding for fiscal year 1988/89 totalled $1,812,000.

Alberta Physicians Disability Insurance Program

This program, administered by the Alberta Medical Association, provides disability insurance for eligible

Alberta physicians. A special data base has been set up which allows the Alberta Health Care Insurance Plan, upon receipt of a release form, to provide the Alberta Medical Association with the eligibility status of a physician who bills the Plan on a fee-for-service basis. For fiscal year 1988/89 the Department's contribution to the disability insurance fund was $1,315,000.

HIGHLIGHTS OF ACTIVITIES

Alberta Health Care Benefits Increase

A number of changes were made to Alberta Health Care Insurance Plan benefits during the reporting year. They included:

- re-instatement of selective medical services relating to contraceptive and sterilization services.
- re-instatement of optometric eye examinations to all Alberta residents, with coverage consisting of one complete vision examination along with a separate partial vision examination and an additional single procedure, provided as follows:
  - — once every benefit year for persons 18 years and younger, persons 65 years and older and their eligible dependents, and Alberta Widows' Pension recipients and their eligible dependents;
  - — once every two consecutive benefit years for residents aged 19 through 64;
  - — benefit limits waived for patients referred by their physicians when there is a special medical requirement for an eye examination.
- increase in per person limits each benefit year to $300 (from $200), for podiatric, chiropractic and physical therapy services.
- increase in non-medical benefits
  - — to $19.60 (from $17.15) per day for physical therapy;
  - — to $12.00 (from $10.50) per visit for chiropractic services, and to $19.90 (from $17.40) for x-rays per particular disability;
  - — by 14% overall to an approved fee schedule for podiatric services.

Medical Reciprocal Process in Place across Canada

Effective April 1, 1988, the medical reciprocal claims processing system, introduced January 1, 1988 as a pilot project between Alberta and British Columbia, was applied throughout Canada to include all provinces and territories excepting Quebec. This allows physicians to submit claims directly to their own provincial medical plans for Canadian patients from other provinces. Provincial medical plans in turn arrange for periodic reimbursement of medical claims paid on behalf of patients from other provinces.

Amendment Calls for Transfer of X-rays

Effective August 5, 1988 the Alberta Health Care Insurance Regulation was amended to allow a practitioner access, upon a patient's request, to x-rays previously taken of that patient by another practitioner. The amendment reduces the need for duplicate x-rays when a patient sees a second practitioner.

Practitioner Registry Redesign is Completed

The Practitioner Registry for submitting claims to the Alberta Health Care Insurance Plan was converted in August 1988 to a data-base system. The new system can be accessed on-line for updating and retrieval of practitioner biographical and practice information. This constitutes implementation of the first phase of the Claims Redevelopment Project which is responsible for introducing new business initiatives and up-to-date technologies for the claims system.

New Computer System Streamlines Registration-Billing Operations

Full conversion to Alberta Health Care Insurance Plan's new registration and billing computer in October 1988 brought the Department's major Registration, Eligibility and Premium (REAP) project to a successful conclusion. The new computer system has enabled Alberta Health Care to keep up-to-date with its business practices and to streamline its operations.

With the new computer, staff have immediate access to registration and premium collection data, both to answer customer inquiries and to update records. The result is a better level of service to the public, and also to practitioners when they have problems with patients' registration numbers.

Introduced with the implementation of REAP were several new business practices:

- a new cyclical quarterly billing system, for Albertans registered directly with Alberta Health Care;
- a penalty charge for overdue premiums, for both individual and group accounts.

A major component of REAP consisted of acquainting administrators of the province's 13,000 employer group plans with the new computer system and the

administrative changes it would bring. Accordingly, the group administrator's manual was fully revised and copies distributed to all group plans. Also, over 350 regional informational seminars were held throughout the province.

Alberta Reorganizes Out-of-Province Assistance Program

Beginning with fiscal year 1988/89, the Alberta Health Care Emergency Financial Assistance Program was reorganized by adding the Alberta Health Care Out-of-Province Supplementary Assistance Program.

Under these two programs a registrant can apply for special consideration to help pay for insured health or hospital services received outside Alberta when costs exceed the benefits payable under the Alberta Health Care Insurance Plan.

Automation Underway for Statements of Benefits Paid

Work began on automating the production of Statements of Benefits Paid for the period from January 1, 1982 to date. This new process assists staff in responding to the ever-increasing number of requests in a more timely manner. Full implementation of the new system, which replaces about 80 per cent of the current manual production, is scheduled for the fall of 1989.

Alberta Hospitalization Benefits Plan

DESCRIPTION

The Alberta Hospitalization Benefits Plan operates under the authority of the Hospitals Act. This Plan provides for in-patient hospitalization services in approved facilities to residents of Alberta who are registered under the Alberta Health Care Insurance Plan. Three types of hospitals fall under the Alberta Hospitalization Benefits Plan.

General or Active Treatment Hospitals provide basic hospital services throughout the province. Specialist services are provided in larger, regional hospitals. Admission to a general hospital is by order of a physician.

At March 31, 1989, there were 128 general hospitals operating in Alberta, including 126 public general hospitals which were approved by the Minister of Health, and two Federal general hospitals. Thirty-six of these general hospitals operated long-term care beds.

The total capacity of all public and Federal general hospitals was 13,670 adult and children beds (excluding 1,643 bassinets but including 1,695 long-term care beds), providing a ratio of 5.6 beds per 1,000 population.

Auxiliary Hospitals provide care and treatment for patients with long-term or chronic illnesses, who require a less intensive level of care than is provided in general hospitals. For some patients, treatment results in rehabilitation to a point where they are able to return to the community or transfer to a nursing home or other residential facility. For others, nursing and medical care is provided for an extended period.

There were 38 auxiliary hospitals operating in the province at March 31, 1989, with a total capacity of 3,891 beds. These beds, together with 1,695 beds in long-term care units in general hospitals, provided a ratio of 2.3 long-term care beds per 1,000 total population and 26.2 beds per 1,000 population 65 years of age and older.

Mental Health Hospitals provide psychiatric services to patients who are admitted by a physician. Acute care and long-term care are provided for adults. Special units are also available for psychogeriatric patients.

Two mental health hospitals, providing acute and long-term psychiatric care, had a total capacity of 1,072 beds at March 31, 1989, averaging 0.4 beds per 1,000 population.

BENEFITS

Alberta Hospitalization Benefits provide coverage for the following in-patient and out-patient services in the province's approved general, mental health and auxiliary hospitals.

In-Patient Services:

- — accommodation and meals at the standard or public ward level;
- — necessary nursing care;
- — diagnostic and treatment services;
- — drugs, medical preparations and routine surgical supplies provided and administered in a hospital;
- — transportation within the province between hospitals, and from a hospital to a nursing home when ordered by a physician, and
- — special services as ordered by a physician.

Out-Patient Services:

- — emergency treatment and, where available, day surgery;
- — diagnostic laboratory and radiological procedures;
- — specialized clinics, such as orthopedic and diabetic clinics;
- — physical therapy, occupational, speech, respiratory and psychiatric therapies.

Services not covered:

- — private or semi-private rooms when provided at the request of the patient;
- — transporting out-patients between hospitals;
- — artificial limbs and other external prosthetic appliances;
- — examinations for use by third parties;
- —drugs and medical preparations not considered necessary for treatment;
- — oxygen for use by patients of auxiliary hospitals after discharge or when away from hospitals for weekends;
- — drugs and other goods provided for use after a patient is discharged from a hospital, and
- — laboratory and x-ray services provided by another facility not approved by the Minister.

Outside Canada, in-patient hospitalization benefits were provided in accordance with a schedule of rates based on the approved rate for standard ward care in Alberta at the same size and type of hospital. Out-patient hospitalization benefits were provided on the basis of the inter-provincial rates for the same services. Under special circumstances, residents were eligible to apply for help in paying excessive hospital costs incurred out-of-country through the Emergency Financial Assistance Program.

The Graduate Medical Education Program

Under this program the Department provided funding for the salaries of a limited number of interns and residents employed in Alberta teaching hospitals. During 1988/89, 663 postgraduate training positions were departmentally supported. Also, the Department funded the stipends paid to undergraduates who spent their final year of medical school working under supervision in a hospital environment.

In addition, the Department shared in the funding of geographic appointees. These are physicians who, as members of an Alberta University Faculty of Medicine, provide clinical supervision and teaching to undergraduates and postgraduate trainees at Alberta teaching hospitals.

During fiscal 1988/89 salaries of interns and residents were adjusted in accordance with negotiated awards. Payments for geographic appointees were also reviewed and adjusted.

Emergency Air Ambulance Program

When ordered by a physician, the Department will pay emergency air ambulance costs to transport residents within Alberta and outside the province to receive the required level of service.

Alberta Health funded 3,487 ambulance trips during the fiscal year at a cost of $7.1 million. There were 2,236 fixed wing charter flights, 252 helicopter ambulance flights and 999 trips by commercial airlines.

FUNDING

The Department provides funding for the operation of hospital facilities on a global basis. Capital funding is also provided for approved projects through Alberta Public Works, Supply and Services.

SUMMARY OF ACTIVITIES

Alberta Hospitalization Benefits Plan

M.I.S. Project

The final phase of the pilot project to implement the Management Information Systems (M.I.S.) Guidelines in Alberta hospitals came to a successful conclusion on March 31, 1989. The 33 hospitals (26 rural, 7 urban) involved in the project converted their chart of accounts and are now reporting to Alberta Health according to the Guidelines. A master chart of accounts was developed and will be used as a source document for all Alberta hospitals to follow.

On Sept. 6, 1989, 67 additional hospitals will begin the process of implementation. This will bring to 100 the total number of facilities who will have converted or will be in the process of converting to the Guidelines.

The remaining hospitals will begin the process of conversion in June 1990. April 1, 1990 has been set as the target date to have all Alberta acute care hospitals reporting to Alberta Health, following M.I.S. Guidelines.

Acute Care Funding Project

A Steering Committee, made up of representatives from Alberta Health, the Alberta Hospital Association and hospitals, was established in December, 1988 to develop new or modified funding mechanisms for the 35 largest acute care hospitals in Alberta.

Working Committees were established to evaluate whether (1) severity of patient illness as determined from patient abstract data can be used as a funding mechanism for inpatient services and, (2) a funding mechanism can be developed for ambulatory care services including out-patient clinics, day surgery and emergency service.

Workload Measurement Implementation and Evaluation Project

The Red Deer Regional Hospital was selected to pilot the Workload Measurement Systems in all applicable areas of the Hospital. The purpose is to evaluate the usefulness of the Workload Measurement Systems which have been developed by the National Hospital Productivity Improvement Program when all of the systems are implemented within the facility. The data collected will be used to analyze productivity and workload trends and identify opportunities for productivity improvement within and between departments. If the system proves to be useful, consideration will be given to implementing it in other hospitals.

Alberta Urban Hospitals Project

The two urban hospitals, Peter Lougheed Centre operated by the Calgary General Hospital and the Grey Nuns Hospital operated by The General Hospital (Grey Nuns) of Edmonton, became operational in 1988.

Blood Services Program

The cost of providing blood and blood products to hospitals in Alberta increased from $12.9 million in 1987/88 to $13.4 million in 1988/89: a 4 per cent increase.

The Alberta Nursing Home Plan

DESCRIPTION

The Alberta Nursing Home Plan operates under the authority of The Nursing Homes Act. The Act provides for the establishment and incorporation of nursing home districts and gives the Minister of Hospitals and Medical Care the authority to enter into contracts with district boards or proprietary agencies to provide nursing home care under the provisions of the Act.

BENEFITS

Nursing homes provide supervised, personal care for people who are not ill enough to require hospitalization in a general or auxiliary hospital but who require assistance in coping with daily living. There are three kinds of nursing home ownerships in Alberta – private, voluntary and district. Under the Alberta Nursing Home Plan, eligible residents receive per diem benefits in those homes which are under contract with the Minister of Health to provide care under the terms and provisions of the Nursing Homes Act. Each resident is also required to pay a daily rate set out in the regulations governing contract nursing homes. The daily rates that nursing home operators can charge directly to eligible patients stood at $14.00 for standard, $16.50 for semi-private and $20.25 for private accommodation.

At the end of the reporting year there was a total capacity of 7,961 beds in 92 nursing homes, averaging 37.4 beds per 1,000 population 65 years of age and older.

SUMMARY OF ACTIVITIES

Nursing Home Benefits Plan

Response to the Mirosh Report

More than 300 briefs were received in response to the government discussion paper "A New Vision for Long-Term Care – Meeting the Need" which was released in February, 1988. Emerging from these briefs and reports, a common vision developed for the future of long-term care and geriatric care in Alberta.

Long Term Care Institutions Branch Formed

In October, 1988, the Long Term Care Institutions Branch in Hospital Services Division was created from the former Long Term Care Unit.

First Annual Province-Wide Classification

A province-wide classification of nursing home and auxiliary hospital residents was conducted to provide information for a new funding system which was introduced in April, 1989. Seven workshops were conducted across the province in November, 1988 to discuss the proposed funding methodology.

Single Point of Entry Evaluation

In response to the need for a coordinated assessment and placement system to streamline entry to long term care services, a model for single entry assessment and placement was developed by the Interdepartmental Committee on Long Term Care in October, 1984. The model called for initial assessment of people requesting nursing home, auxiliary hospital and home care services to be done through the Coordinated Home Care Program.

A rural pilot project began in February, 1986 and an urban pilot project in April, 1986. The two-year pilot period was completed in April, 1988. An evaluation was done by Price Waterhouse and their Summary Report was finalized in September, 1988.

Training sessions on the Alberta Assessment and Placement Instrument were given to staff of health units, and interested long term care and acute care staff.

Development of a Partnership with Alberta Public Works, Supply and Services

In September 1988, a new partnership was developed between Alberta Health and Alberta Public Works, Supply and Services for the management and control of major capital projects and capital upgrading and maintenance projects. Alberta Health will continue to be the initial point of contact for project requests and will be the contact for hospital and nursing home boards during the pre-design (functional program) stage of implementation. Alberta Public Works, Supply and Services will apply their indepth knowledge of architecture and building systems and will serve as the contact for boards during the design and construction stages. This new partnership will strengthen the support provided to boards involved in capital development.

Mental Health Division

The Mental Health Division is responsible for ensuring that high quality preventive, treatment and support services are available to mentally ill Albertans. This responsibility is discharged through six main operational areas: Community Mental Health Clinics, Extended Care Services, Hospital Mental Health Services, the Funded Agency Program, the Suicide Prevention Program, and the Mental Health Research Unit.

The major focus of activity during the 1988/89 fiscal year was the development of programs emphasizing greater coordination among community and hospital based mental health programs. The Division also undertook initiatives that would enhance mental health services throughout the province. These included the following:

- The Mental Health Act (Bill 29) received Royal Assent July 8, 1988. Regulations for the Mental Health Patient Advocate, Forms and Review Panels and General Administration were drafted and circulated for public consultation. A public education campaign commenced and planning for expansion of the Mental Health Review Panels began.
- The discussion paper, Mental Health Services in Alberta, was distributed for public comment. It proposes principles for the future development of the province's mental health system.
- Cabinet approved the planning for SPECTRUM, a pilot project in Grande Prairie between Queen Elizabeth II Hospital, Alberta Mental Health Services and other community programs, to test the principles in the Mental Health Services in Alberta Paper.

COMMUNITY MENTAL HEALTH CLINICS

A network of 56 permanently staffed mental health clinics and 45 satellite clinics serves clients throughout the province. These clinics provide:

- assessment and treatment for clients;
- consultation to general practitioners, nursing homes, schools, and other community agencies;
- follow-up services to patients discharged from extended care centres and other institutions; and,
- placement of clients in residential and non-residential community facilities or programs.

In the 1988/89 fiscal year, the clinics served 20,803 cases. Regional distribution of this caseload appears in Figure 1 (Page 20), showing that about 48 per cent of the caseload is in the urban regions of Edmonton (6,217 cases) and Calgary (3,761 cases). The flow of registrations and terminations is shown in Table 1 (Page 19).

Community clinics place special emphasis on meeting the needs of four client groups: 1) individuals chronically disabled by mental illness, 2) children and adolescents, 3) the elderly, and 4) rural residents. Clients not included in these groups are classified as urban.

Figure 2 (Page 20) shows these groups as percentages of the total caseload and total client contact hours. The chronically disabled, although accounting for 14.6 per cent of the total caseload, consume 24.4 per cent of the contact hours. Table 2 (Page 19) shows the number of cases and the hours spent by clients in face-to-face therapy sessions for each group.

Highlights

Training School:

Northeast Region, with support from Calgary Region, developed a training program for therapists to assist in recruitment to the North. Six individuals graduated from the Calgary training program in the first year of operation. The program will be extended to other areas of the province.

Children's Services:

An Interdepartmental Subcommittee on Children's Mental Health Services was established to coordinate planning among several departments involved in this area, including Family and Social Services, AADAC, Solicitor General, Education and Health.

The Regional Psychiatric Services Planning Committees and Mental Health Advisory Councils were asked to coordinate community input to develop a regional children's mental health plan and set service priorities for the next three years within their areas.

Native Services:

The consultation process surrounding the document *Exploring the Circles: A Journey Into Native Children's Mental Health*, was completed. A number of recommendations were made by the community to improve services to natives. Their implementation will be pursued during the next fiscal year.

Venture Program:

The Minister officially opened the Venture Collaborative Program at Fort McMurray. This program combined hospital based in-patient and out-patient services with community mental health services to form one system of mental health care.

REGIONAL HIGHLIGHTS

Northeast:

- With the support of the provincial native services coordinator, clinicians participated in extensive native awareness training programs and native groups were contacted to commence discussions on ways and means of enhancing services.

Edmonton:

- The region developed a mental health promotion program, which will provide mental health promotion and community education services and a Crisis Response Education Program. This joint project with Alberta Public Safety Services, involved the development of educational materials for crisis response workers. Other mental health promotion activities continued with support for the Edmonton Health Line and involvement with Schizophrenia Awareness Week.
- Exchanges of staff have taken place with Alberta Hospital, and a joint service agreement was arranged with the Good Samaritan Nursing Homes Organization. In addition, a joint project to develop a rehabilitation out-patient clinic is being developed in consultation with the University Hospital and Alberta Hospital Edmonton.
- The Region continued to see a significant number of children, adults, and seniors who were suffering from both chronic mental illnesses and acute mental health disorders. A number of research projects were completed including a study on family violence which demonstrated the prevalence of this trauma in the lives of mental health clients.

Calgary:

- The Calgary Region established a Rural Mental Health program. The rural clinics, previously administered by various urban clinics, were consolidated under a single manager.
- Calgary Mental Health and the Calgary City Police collaborated to produce a training film about debriefing victims of crime. The initiative was sponsored by Alberta Treasury Branches. The film was presented by the Calgary City Police and Mental Health at the International Victims Conference in May.
- An agreement in principle was reached with Care West and Hospital District 95 to develop a joint psychogeriatric program.
- The Calgary Region developed an interactive computer program, which provides a DSM III diagnosis based on client's responses to questions presented on a terminal. The results have been praised by the World Health Organization.
- A policy and procedure manual has been developed for response to disasters. The plan was integrated into the Calgary City Disaster Response Plan.

Central:

- Adolescent group therapy program was started and ad hoc consultations by guest child psychiatrists were arranged.
- Demand for Critical Incident Stress Debriefing for firefighters and ambulance drivers has increased markedly.
- Consultative services to the Red Deer Regional Hospital's Extended Care Services (auxiliary hospital plus 4 nursing homes) were initiated.
- One third of therapist time was committed to mental health promotion and illness prevention. Central Region conducted over 100 promotional/prevention activities during the year. These included active participation in Family Violence Week, Mental Health Week and Schizophrenia Awareness Week.
- In Ponoka and Lacombe, renovated clinics were opened.

South:

- Stress management presentations were made to a national company in Pincher Creek, as well as to numerous agencies and groups in Medicine Hat and Lethbridge.
- The Brooks office has taken part in a number of critical incident stress debriefings and Medicine Hat and Lethbridge have two trained debriefers from Mental Health Services ready to serve their respective communities.
- The Claresholm clinic, which will serve Claresholm, Fort Macleod, Vulcan, Nanton and surrounding communities, opened.
- The Medicine Hat Clinic, in conjunction with numerous community agencies, organized a highly successful, six-day conference entitled "Sexual Assault: the Accused, the Victim, the Community".

EXTENDED CARE SERVICES

The division operates three extended care centres: Claresholm, Raymond, and Rosehaven (Camrose). These centres provide rehabilitative, residential and day programs for adults with chronic mental illness.

At all three centres, the capital construction program continued. The goal of the centres is to develop facilities that will serve more people and, wherever possible, help return them to their home communities.

Day programs, short stay, and respite beds continued to assist in this regard and in reducing the length of stay of in-patients. Respite beds are provided for chronically ill individuals who do not need continuous institutional care, but who cannot be maintained indefinitely in the community without placing undue stress on their families.

Highlights

Claresholm:

- The first phase of rebuilding at the Care Centre culminated in the official opening of the new 40 bed Starholm Unit on June 10, 1988.

Raymond:

- The construction of the three 6-bed in-patient units was completed and patients were scheduled to occupy the units on April 1, 1989.
- Construction of the life enrichment centre with a therapeutic pool and social hall and renovation of the Administration Building commenced. A joint use agreement for the life enrichment centre was reached with the town.
- The care centre provided support to the construction of two additional Go-Getter homes and the planning of three others. The Raymond Go-Getters Society facilitates placement of chronic clients in more autonomous community settings.

Rosehaven:

- The first phase of the construction program started in May 1988 with residents expected to move into the new 100 bed unit in July 1989.
- The care centre staff were involved in numerous promotional activities that strengthened its ties to the community. Volunteers contributed over 6,000 hours to the centre.

HOSPITAL MENTAL HEALTH SERVICES

High quality, hospital based mental health services are supported through monitoring and recommendations on funding of the mental health hospitals, psychiatric programs in general hospitals and mental health programs in other institutions. As well, the program area administers the Mental Health Act.

Highlights

- Four Edmonton hospitals (Grey Nuns Hospital, University of Alberta Hospital, Royal Alexandra Hospital and Misericoridia Hospital) were designated as facilities for the treatment of psychiatric patients.
- A new 10 bed psychiatric in-patient and out-patient program opened at St. Therese Hospital in St. Paul. This new program was planned and developed as a result of recommendations in the McKinsey Report (1980). The program operates conjointly with Alberta Mental Health Services to form INSITE, a collaborative mental health care program.
- New and expanded psychiatric in-patient and out-patient programs were opened at Lethbridge Regional Hospital (increasing bed capacity from 24 to 49), and Medicine Hat Regional Hospital (increasing the bed capacity from 14 to 25).
- At Alberta Hospital Ponoka, construction of the 80 bed Brain Injury Unit was begun. The Education Complex jointly funded by Advanced Education and Alberta Health was approved at the design phase. Planning for the redevelopment of the remaining 320 beds at Alberta Hospital Ponoka, as Phase II of the Master Development Plan, continued.

FUNDED AGENCY PROGRAM

Mental Health Services contracts with private sector individuals and agencies to provide residential and non-residential programs in the community. In 1988/89, funding of approved homes and community agencies exceeded $6 million.

Residential programs provide clients with community-based accommodation that is most appropriate to their needs and level of functioning.

Non-residential programs are geared toward developing life skills and enriching the lives of the mentally disabled.

Highlights

- In Calgary, the funded agency residential programs served 355 persons and the non-residential programs served 5,567 individuals in 1988/89.
- Community Lambda of Calgary, a registered society providing living accommodations for the chronically mentally ill who at their maximum level of functioning are unable to compete in the job market, was started this year. They provide accommodation for 30 individuals in 15 two-bedroom suites. This independent living complex is owned by Alberta Mortgage & Housing Corporation and charges residents a modest rent.
- In Central Region, the Approved Home Program ended the year with 18 spaces. A thorough program evaluation was completed which produced 15 individual recommendations for improvement to the Program.
- A new video presentation of the Approved Home Program from the client's point of view was developed and shared with all clinics and appropriate community agencies.
- The Good Shepherd Lutheran Social Services Society joined with Alberta Health to develop a two-day per week day program for the chronically mentally ill living in Wetaskiwin.
- In Central, 43 persons were served in residential programs, while 344 persons were served in the non-residential programs. In the South Region, the corresponding figures were 80 and 195.

SUICIDE PREVENTION PROGRAM

To reduce the incidence of suicides and self-destructive behaviours, and to reduce the impact of suicide on individuals, families and communities, are the goals of the suicide prevention program. This program incorporates community outreach, education, training and research.

The program subscribes to the following beliefs:

1. Promoting healthy individuals, families, and communities, benefits society.
2. Prevention of suicide is a societal and community responsibility.
3. Suicide prevention can best be accomplished through collaborative efforts with other organizations, agencies and individuals.

Highlights

- The first provincial Suicide Awareness Week was held this past year. Community agencies, volunteers and the media were among those involved in promoting the theme, "Suicide Affects All of Us".
- A conference entitled "Suicide In Your Community" brought 125 suicide prevention program planners and service providers together to discuss issues related to farm suicide, suicide among native people, adolescent suicide, the aftermath of suicide and the development of comprehensive suicide prevention programs in local communities.
- Seventy-one Foundation Workshops, attended by approximately 1,000 people, were held through the Suicide Prevention Training Program. More than 7,000 Albertans have now been trained to recognize and intervene when an individual is in a suicidal crisis.
- Information requests to the Suicide Information and Education Centre reached 2,185.

MENTAL HEALTH RESEARCH UNIT

The division's research staff concentrate primarily on issues related to service delivery and planning. The research unit focuses on four high priority groups (individuals chronically disabled by mental illness, children and adolescents, the elderly, and rural residents) on prevention of mental disorders, and on promotion of mental health.

The division's research program through its many international publications and presentations has an excellent reputation.

During the 1988/89 fiscal year, staff produced 15 articles for publication, presented 21 papers at major conferences, and conducted 36 research projects. The Mental Health Symposium, held in Lethbridge in October, 1988, attracted over 100 participants from across the province and yielded 41 presentations on topics primarily in the area of health promotion and community involvement.

The Research and Information newsletter, prepared quarterly by the research unit, presents abstracts and summaries of mental health papers produced by Departmental staff.

TABLE 1

COMMUNITY MENTAL HEALTH CLINICS CASELOAD SUMMARY, BY REGION
April 1, 1988 – March 31, 1989

Region	Active cases at April 1, 1988	Registrations	Total Caseload	Terminations	Active cases at March 31, 1989
Calgary	1,373	2,388	3,761	2,363	1,398
Central	824	2,308	3,132	2,270	862
Edmonton	2,495	3,722	6,217	3,630	2,587
Northeast	445	1,114	1,559	1,150	409
Northwest	883	2,047	2,930	1,936	994
South	1,181	2,023	3,204	1,805	1,399
Total	**7,201**	**13,602**	**20,803**	**13,154**	**7,649**

Source: Alberta Mental Health Management and Planning Systems, September 13, 1989

TABLE 2

COMMUNITY MENTAL HEALTH CLINIC CASELOADS AND CLIENT HOURS BY PRIORITY GROUP
April 1, 1988 – March 31, 1989

	Number of cases	Number of face-to-face hours
Children	5,092	29,026
Chronics	3,079	32,632
Elderly	1,349	8,176
Rural	5,354	24,504
Urban	5,969	39,324
Total	**20,803**	**133,662**

Source: Alberta Mental Health Management and Planning Systems, September 13, 1989

TABLE 3

EXTENDED CARE CENTRES SELECTED INDICATORS
For the Year Ended March 31, 1989

	Claresholm	Raymond	Rosehaven	Total
Admissions	62	19	134	215
Discharges	61	30	114	205
Deaths	12	1	39	52
At March 31, 1989:				
Patient Census	144	23	184	351
In-Patient Beds	150	33	200	383
Day Program Spaces	40	12	50	102

Source: Extended Care Services, Mental Health Division

Figure 1

Community Mental Health Clinics
Caseload Distribution
April 1, 1988 - March 31, 1989

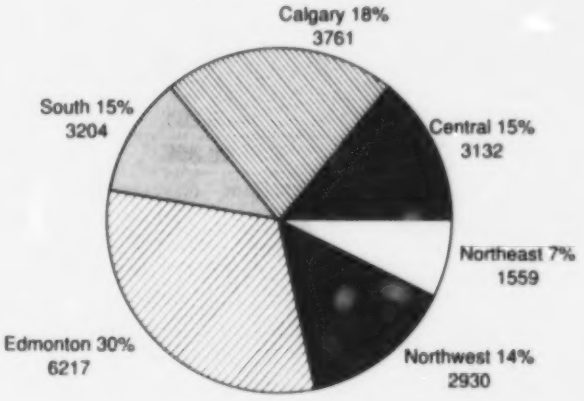
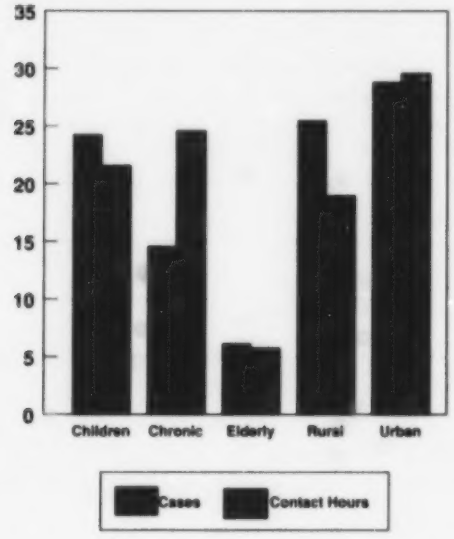


Figure 2

Community Mental Health Clinics
Caseload Versus Contact Hours
April 1, 1988 - March 31, 1989



Public Health Division

The Public Health Division directs, coordinates and integrates activity in six major areas: Communicable Disease Control and Epidemiology, Local Health Services, Family and Community Support Services, Coordinated Home Care, Environmental Health Services and Alberta Aids to Daily Living/Extended Health Benefits. Most services are provided through Alberta's 27 locally autonomous health units.

The Division increased and focused its efforts in the areas of health promotion and disease prevention during the 1988-89 fiscal year, and the following reports from each of the six primary activity areas highlight the efforts during the past year.

COMMUNICABLE DISEASE CONTROL AND EPIDEMIOLOGY

As provided in Part 4 of the Public Health Act of Alberta, Communicable Disease Control and Epidemiology maintains surveillance of specified communicable and related diseases. In addition, certain other communicable diseases of concern are monitored as are a number of non-communicable or chronic diseases.

The purpose of this surveillance is to monitor the occurrence of diseases, to assess their impact on the Province, to identify outbreaks, and to develop strategies to control any problems identified. With the cooperation and support of the local health units, practising physicians and hospitals interventions are undertaken to prevent illness, to control outbreaks or to minimize the effects of disease on the population of the Province. The effectiveness of control programs is also assessed.

The data collected are forwarded with similar data from other Provinces and Territories to the Laboratory Centre for Disease Control where they become part of a national data base which is used to help set national priorities. Selected data are subsequently forwarded to the World Health Organization to assist in its world-wide surveillance of communicable diseases such as influenza, polio and vaccine-preventable diseases.

The Branch is made up of four units: Communicable Disease Control, responsible for vaccine-preventable diseases and general infectious disease control; Chronic Disease Epidemiology, responsible for non-communicable and chronic disease surveillance and for epidemiologic support to other sections of the Department; Sexually Transmitted Disease (STD) Control responsible for monitoring and control of STD's including AIDS; and Tuberculosis Services, responsible for monitoring and control of tuberculosis in the Province. Because of the nature of national and international collection of statistics, the Branch reports are for the calendar year (1988) rather than the fiscal year (1988/89).

Highlights in 1988 included:

- Major involvement of the chronic disease epidemiologist in assessment of risk factors for heart disease in Alberta and planning for possible intervention programs. This work was in preparation for more extensive activity in 1989 and 1990.
- A continued high profile of AIDS with 43 new cases and 24 deaths, expansion of AIDS prevention and control activities and release of a planning document for addressing the case needs of HIV infected persons.
- Amendment of the Public Health Act to clarify detention and treatment measures for recalcitrant patients with infections not currently curable and to strengthen both protection of the public and individual rights.
- Re-establishment of control of measles after two years of unacceptably high incidence.
- A reduction in the number of cases of chicken pox, which still remained the most commonly reported notifiable disease.
- The introduction of an improved haemophilus vaccine which can be given at an earlier age to protect children against the death, severe disease and permanent disability associated with this bacterial infection.
- Recognition of the value of Alberta's Prenatal Hepatitis B Screening and Infant Protection program by recommendations from national advisory bodies in Canada and the U.S.A. for universal implementation of such programs throughout North America.
- Consolidation of the reorganization of Provincial Laboratory services in Alberta.
- Establishment of new priorities and directions for the Tuberculosis Control Program to reduce the incidence of tuberculosis in Alberta and integration of Federal (Medical Services) tuberculosis control programs with Provincial programming to control the unacceptably high rate of disease in people of native ancestry.

Communicable Disease Control

This unit is responsible for monitoring and control of communicable diseases other than STD's and tuberculosis. The unit receives information from health units, physicians and hospitals regarding notifiable

diseases and other diseases of concern and ensures that appropriate prevention and control activities are undertaken. In addition to the formally notifiable diseases, surveillance was also conducted in 1988 for influenza and to determine the level (if any) of lyme disease in Alberta.

Consultation and advice are provided to health units, hospitals and other health care facilities, physicians, other government departments, other jurisdictions and individual members of the public. Health professionals and the public are kept informed of disease trends and are advised or reminded of measures required to maintain control of infectious diseases in the community.

Table 1 provides information for selected notifiable diseases reported in Alberta in recent years. In general, the incidence of vaccine-preventable disease was satisfactory and other diseases were under reasonable control. Chicken pox, for which few control measures are available, showed a significant decrease in incidence but still affected over 11,000 persons, mostly children and adolescents. AIDS incidence continue to be unacceptably high and food poisonings due to organisms such as campylobacter, salmonella, and shigella continued to occur because of consumption of raw (unpasteurized) milk and failure to observe accepted food handling and preparation principles.

Because of control measures such as immunization, water and sewage treatment and food hygiene and with improved treatment, the incidence of communicable diseases and the number of deaths due to infectious diseases have dropped dramatically in the latter half of this century. In the 1920's, notifiable diseases were the largest single cause of death in Alberta. Table 2 compares the experience in 1988 with what would have been expected had vaccines not become available.

TABLE 2

	Projected cases without Immunization		Actual Alberta 1988	
	Cases	Deaths	Cases	Deaths
Diphtheria	2,500	300	0	0
Whooping Cough	2,000	25	149	1
Polio	225	80	0	0
Measles	20,000	20	91	0

TABLE 1

SELECTED NOTIFIABLE DISEASES: ALBERTA 1983-88

	1983	1984	1985	1986	1987	1988
AIDS	1	11	13	22	41	43
Amebiasis	94	111	110	114	113	143
Campylobacter infection (008.4)	217	631	601	871	885	872
Chicken pox	NR	NR	NR	14,221	18,930	11,432
Diphtheria - cases (032)	0	1	0	1	0	0
E. coli colitis (hemorrhagic) (008.0)	26	64	105	180	358	296
Giardiasis	1,177	1,341	1,509	1,610	1,531	1,486
Haemophilus infection (320.0)	81	89	113	145	142	105
Hepatitis A (070.0)	166	215	421	310	143	210
Hepatitis B (070.2)	275	216	176	194	181	140
Hemolytic Uremic Syndrome (283.1)	6	6	6	15	19	22
Leprosy (030)	1	4	1	4	3	0
Malaria (084)	40	37	53	41	55	24
Measles (Rubeola) (055)	218	86	78	811	740	91
Meningitis, other bacterial	43	32	31	46	33	36
Meningitis, viral/aseptic	66	72	39	25	38	52
Meningococcal infection (036)	20	27	21	21	31	30
Mumps (072)	782	161	181	233	252	151
Pertussis (033)	96	33	56	184	172	149
Poliomyelitis, paralytic (045)	0	0	0	0	0	0
Rubella (German Measles) (056)	3,726	514	436	1,156	388	211
Slamonella infections (003)	818	726	732	757	951	960
Shigellosis (004)	361	227	193	148	208	264
Toxic Shock Syndrome (785.5)	2	3	2	4	5	3
Tuberculosis (010-019)	189	221	178	209	205	176
Typhoid & Paratyphoid Fever (002.0)	13	9	9	6	13	11

Although infectious disease as a cause of death has been perceived to be relatively infrequent, influenza and pneumonia remain among the top 8 causes of death in Alberta. As well 56 deaths due to notifiable diseases were recorded in 1988. Of these, 24 were due to AIDS, 5 were due to invasive *Haemophilus* infections and 11 were due to meningitis caused by a variety of other bacteria (including meningococci, and pneumococci). There were 3 deaths associated with the complications of chicken pox, 2 deaths due to shigellosis, 2 due to legionnaires disease and 2 due to hepatitis B.

The remaining deaths were due to individual cases of listeriosis, pertussis (whooping cough), Creutzfeld-Jacob Disease, herpes simplex, meningoencephalitis, hepatitis A, hepatitis Non A Non B and hemolytic uremic syndrome.

Commentary of Selected Diseases in 1988

AIDS

Although with 43 cases AIDS was only the twentieth most commonly reported disease (the first 4 each exceeded 1,000 cases), it was unquestionably the disease with the highest public profile and of greatest concern to professionals and the public alike in 1988.

The 43 cases reported in 1988 were only 2 more than the number reported in 1987 and brought the cumulative incidence since this disease was recognized to 131. There were 24 deaths recorded bringing the total to 79 (60.3 per cent of cases). Alberta continues to have the fourth highest incidence in Canada.

Male homosexual activity remains the most frequently reported risk behaviour accounting for 110 cases (83.9 per cent). In 9 of these I.V. drug misuse was also reported. Administration of blood or products derived from blood was believed to be associated with 11 cases (8.4 per cent) while 3 cases (2.3 per cent) were believed to have been acquired through heterosexual contact with infected individuals. One other case may also have acquired infection in this manner.

There were 3 female cases in 1988 bringing the total to 9 (6.9 per cent of cases). Of the total, 5 are believed to have acquired their infection from blood, 2 were sexual partners of high risk males, one case admitted I.V. drug abuse and one case was a child with at risk parents.

AIDS cases are only the "tip of the iceberg" and represent only the small proportion of HIV infected individuals who have progressed to the final stages of infection. The actual number of HIV infected persons in Alberta is unknown but a total of 763 such persons had been identified in testing at the Provincial Laboratories by the end of 1988 (2.7 per cent of the 27,804 tested).

The best estimate available for prevalence of infection in the general population with no recognized risk factors comes from HIV screening at the Canadian Red Cross. Based on recent experience, only one in every 100,000 blood donors has been found to be seropositive and in every case found so far, unreported risk factors have been found on follow up. The risk in the general population without recognized risk behaviours is, therefore, exceedingly small.

Influenza

While individual cases of influenza are not notifiable, surveillance for influenza is carried out actively in Alberta. This active surveillance frequently results in the first Canadian isolates of the season being identified in Alberta and in the largest *per capita* identification of influenza of any province except Ontario which also has active surveillance.

In 1988, the peak of the 1987/88 influenza season was recorded in February through March. Unlike the United States which experienced predominantly Influenza A infection, Alberta and the rest of Canada experienced outbreaks with Influenza B (B/Victora-like).

Influenza reappeared in the fall of 1988 when the 1988/89 season started unusually early in Alberta. Contrary to predictions of extensive activity due to A/Sichuan, the circulating strain in Alberta (and subsequently the rest of Canada) was A/Taiwan which had produced extensive outbreaks 2 years earlier. Extensive influenza activity in Canada was seen first in Alberta with outbreaks beginning in both Edmonton and Calgary in November. Although sporadic activity was to continue much later than usual in 1989, peak activity for 1988/89 in Alberta occurred before the end of 1988.

Chicken Pox

The most common notifiable disease in Alberta was Chicken Pox with 11,432 cases reported in 1988. This represents a 40 per cent decline from 1987. Such a decline was anticipated after 2 years of peak activity. Since many cases seen by doctors are not reported and since only a fraction of cases occurring seek medical attention, the reported incidence grossly underestimates the number of cases but is valuable in monitoring trends.

Chicken Pox is generally an unpleasant but mild disease affecting primarily children; 10,945 (95.7 per cent) of the cases occurred in children under 15 years of age. The peak incidence was, as expected, in children in their first years in school (Table).

CHICKEN POX

Age	Cases
0 - 4 years	4,065
5 - 9 years	5,641
10 - 14 years	1,239
15 - 19 years	191
20 years	285

While most children recover uneventfully, complications do occur. Adults suffer more severe illness and more frequent complications. In 1988, 3 deaths related to complications such as encephalitis were recorded. Two were in adults (aged 26 and 57) and one was in a 4-year-old child. Death rates in 1988 were 0.42 per cent (approximately one per 250 reported cases) for adults and 0.009 per cent (one per 11,000 cases) for children.

Enteric Infections

Enteric (bowel) infections including giardiasis, salmonellosis, campylobacter cases, hemorrhagic colitis and shigellosis were the next most commonly reported with 3,878 cases collectively (see Table 1). These diseases are spread by consumption of untreated surface water, contaminated food which has been improperly stored and cooked, by consumption of unpasteurized milk and by person-to-person spread.

Contamination of food and water with these organisms is almost impossible to prevent but disease could be largely eliminated by proper attention to personal hygiene, by careful handling and thorough cooking of food, by proper treatment of water and by avoiding unpasteurized milk. Each year there is needless morbidity and extensive economic losses from these diseases in Alberta.

Hemorrhagic Colitis due to E. coli

As noted in previous reports, Alberta records an unusually high incidence of sporadic cases of *E. coli* 0157:H7 infections and is the third most common bacterial enteric infection after *Salmonella* and *Campylobacter* (which are each about 3 times more numerous). The disease is usually self-limited, resolving in 4-7 days but it may be severe and deaths do occur particularly in the very old and very young. In addition, the toxin has systemic effects and is believed to be one of the causes of hemolytic uremic syndrome (HUS). Because of its seasonal incidence and an association with undercooked ground beef, infections with Entero Hemorrhagic E. coli have been called "Barbecue Season Syndrome" or "hamburger disease".

The reported incidence of EHEC infection in 1988 fell slightly to 296 cases from a peak incidence of 358 in 1987. Until 1988, incidence had risen steadily from 26 cases in 1983, the first year it was reportable. This increase reflected more thorough investigation and recognition rather than a changing pattern of disease. The decline in cases coincided with the end of an active case finding study in the City of Calgary.

Only one death was officially reported to be associated with EHEC infections in 1988.

Cases are recorded throughout the year but peak incidence occurs in June with approximately 75 per cent of cases occurring in the 4-month period from May through August. The source of infection is undocumented in 75 per cent of cases. About 80 per cent of those for whom a source is suspected have consumed undercooked ground beef, a finding consistent with reports from elsewhere. Other meats, and raw milk have also been implicated and person-to-person spread may also occur.

There were 22 cases of HUS reported, the highest number since reporting began in 1983. As with EHEC, this is probably the result of improved reporting and it appears that annual incidence is likely to plateau at 20-25 cases per year. Although HUS may be caused by agents other than EHEC, most of the recorded cases in Alberta have been associated with EHEC and no other agent was reported. As well HUS has had a seasonal pattern similar to EHEC infections.

Measles

After 2 years of unacceptably high incidence (810 and 740 cases in 1986 and 1987 respectively), there was a dramatic decline in measles activity in 1988 with only 91 cases reported. Almost half of these cases were attributable to an outbreak in one remote northern community.

The experience in 1988 marks a return toward our goal of eliminating indigenously acquired measles. From a high of 10,106 cases in 1979, measles incidence fell sharply through the early 1980's (figure). Lowest incidence was recorded in 1985 with 78 cases but rebounded as noted above in 1986 and 1987. Vigorous control measures appear to have paid off in 1988. The situation may be even better than the figures suggest, as active surveillance and case findings may have resulted in a much higher proportion of actual cases being reported than was the case in previous years.

By far the highest incidence was seen in children under 5 years of age with 50 cases (54.9 per cent). Almost 40 per cent of these were under 1 year and hence too young to have received vaccine. There was also an unexpectedly high number of cases (20) in persons from 15-29 years of age. Both preschool children and adolescents and young adults are believed to have relatively high rates because

they are more poorly immunized than school aged children or older adults (the latter having acquired immunity from disease in the pre-vaccine era).

Other vaccine preventable diseases

In addition to measles, routine immunization is offered to all children against 8 common and potentially serious diseases – diphtheria, whooping cough (pertussis), tetanus, haemophilus infections, polio, rubella and mumps. Over 180,000 doses of DPT, about 160,000 doses of OPV and over 50,000 doses of measles vaccine are given each year. Immunization levels of over 90 per cent are generally achieved.

The adverse reaction monitoring program continues to provide useful information on the side effects of vaccine.

Rubella incidence in 1988 was the lowest recorded in the past decade with 211 cases. There have been no cases of congenital rubella reported since 1986.

Mumps incidence was also down with 151 cases in 1984-1986.

Pertussis incidence was 149 in 1988 compared to 172 in 1987. Although this was a modest improvement over 1987 (172 cases) it was considerably higher than the 33 cases reported in 1984. There was one death in an incompletely immunized infant in 1988.

There were no cases of polio or tetanus again in 1988 and only one case of diphtheria was reported.

Invasive Haemophilus infections including meningitis were reported less frequently in 1988 with 105 cases reported (compared to 142 in 1987). This is the first decline in reported incidence since reporting began in the late 1970's. The decrease appears to be real and corresponds to the introduction of immunization against this disease in children 18 months of age and older. Unfortunately the data do not allow us to determine whether the vaccine can be given credit for any of this decrease. Almost 85 per cent of cases occur in children under 5 years of age and almost 50 per cent occur before the child is old enough to receive vaccine at 18 months of age.

Other Diseases

Other forms of central nervous system infection (for which immunization is not routinely provided) accounted for 124 reports during 1988. Of these meningococcal infection was responsible for 30 and a variety of other bacteria for 36 cases. There were 52 cases of viral encephalitis, which is usually a mild, self-limited disease.

Hepatitis A incidence increased slightly in 1988 to 210 cases reflecting the natural cycling of this disease.

Hepatitis B incidence continued the general decline seen since 1983 with 140 cases reported.

Rare and imported diseases were also reported in 1988 with 244 cases of malaria, 8 cases of typhoid, 3 of paratyphoid and 3 cases of toxic shock syndrome. Legionnaires disease declined to 6 cases from 14 the previous year. There were 7 cases of listeriosis, 7 of kawasaki disease, 3 of Q fever and one of brucellosis. For the first year in over a decade, no new cases of leprosy were reported in Alberta in 1988.

PROVINCIAL AIDS PROGRAM

This was the second year of three years of "Education and Caring: Alberta's Program for the Prevention, Management and Control of AIDS." Among the legal and ethical issues were changes to the Communicable Disease Regulation to permit isolation of recalcitrant patients with human immunodeficiency virus infection, as well as to safeguard the rights and confidentiality of the patients.

The Minister's release of the "Policy Guidelines for the Care and Treatment of People with HIV infection/AIDS", was an outcome of the Working Group on Patient Care Services and consultation with stakeholder groups.

Support was ongoing for the preventive efforts at the community level. Health Units were provided with additional resources, and a major collection was developed by the Department library to which Albertans throughout the province have access. Operating grants were provided to the four new community AIDS organizations, in addition to the well-established organizations providing intensive educational and patient support services in Edmonton and Calgary.

Noteworthy new strategies of the centralized portion of the AIDS Program included:

- distribution of 400,000 copies of a new brochure for the public, "AIDS: The Choices and Chances;"
- distribution of a folder "Information for Health Care Providers on the HIV Antibody Test," containing samples of pre- and post-test pamphlets for patients;
- publication by Occupational Health and Safety of a series of bulletins for various worksites;
- broadcast of a television campaign featuring three awareness-raising advertisements; and
- in response to a survey of superintendents of schools, enhanced distribution of print and audio-visual resources to support AIDS education in the schools in cooperation with Alberta Education.

SEXUALLY TRANSMITTED DISEASE CONTROL

Sexually Transmitted Disease Control's goal is to provide a comprehensive program for the control of sexually transmitted diseases (STD) including AIDS in Alberta. The program services include diagnostic and treatment services available through clinics located in Calgary, Edmonton and a clinic in Fort McMurray operated under the auspices of the Health Unit. There was a total of 13,550 patient visits in Edmonton, 10,711 in Calgary and 557 in Fort McMurray. Although utilization of the clinics was down 14.2 per cent from 1987, access to HIV antibody testing increased in all three clinics.

Dissemination of STD information to both public and professional audiences is carried out by the Education unit. The focus of this unit during 1988 was to provide information on STD and AIDS to teachers who in turn can pass this information on to their students. This was accomplished as seen in a 300 per cent increase in the number of sessions provided to teachers. The education unit is also responsible for information lines on STD and AIDS. 1988 was the first full year for the province-wide toll free AIDS information line. In this year the AIDS line went through a transition from being manned by professional nursing staff to a computer activated Interactive Tone System.

The Clinical Investigation Unit with a staff complement of one laboratory technician completed its first full year of operation and actively participated in STD related research projects.

STD control also provides consultation to physicians and epidemiologic services that includes contact tracing. These services are carried out collaboratively by the Central Control Office in Edmonton, the clinics and the mobile unit that is staffed by 5 nurses.

Disease surveillance and data monitoring is carried out for the six notifiable STDs. The list of notifiable STDs includes Non-gonococcal Urethritis, Mucopurulent Cervicitis (NGU/MPC), Chlamydia trachomatis, Gonorrhea, Syphilis, Chancroid and Lymphogranuloma Venereum.

The most frequently reported STD is NGU/MPC with an incidence in 1988 of 475.46 per 100,000, a decrease of 9 per cent over the previous year. The next most frequently reported STD is gonorrhea. This disease has shown a dramatic decrease in incidence of 29 per cent to a rate of 104.18 per 100,000 in 1988. A syphilis rate of 4.58 per 100,000 population is the lowest incidence on record. There were no laboratory confirmed cases of Chancroid or Lymphogranuloma Venereum in 1988.

TUBERCULOSIS SERVICES

Annually, Tuberculosis Services reports the number of new active cases of Tuberculosis as a marker of effectiveness of the control program and the likelihood of disease occurring in the Province.

There were 176 cases of Tuberculosis diagnosed in Alberta in 1988, giving a rate of 7.4 per 100,000 population (table 1). This rate is 13 per cent lower than the 1987 rate of 8.6 per cent (205 cases). Most cases were in the 20-50 age group (table 2), but the highest per capita rate was in those over 80 years of age. The site of Tuberculosis was most commonly pulmonary, 70.3 per cent, somewhat lower than the usual 80 per cent (table 3). Of extra pulmonary sites the most common sites were lymph nodes, 15.3 per cent, and Genitourinary tract, 5.1 per cent. Other sites, abdomen, central nervous system, bone and joint, were rare. Numbers were slightly greater in men than women, 55 per cent versus 45 per cent. About 1/3 of cases occurred south of Edmonton and 2/3 in the northern half of the province (table 4).

The ethnic origin of Alberta cases gives direction to the diagnostician (table 6). 45/176 (25 per cent) were Registered Indians and 13/176 identified themselves as Metis. The Treaty Indian rate of 91 per 100,000 is 42 per cent lower than 1987 when a large epidemic in one reserve caused a rise to 152 per 100,000, but the 10 year average shows a 2.6 per cent increase in Treaty Indian rates. The rate in Treaty Indians is greater than 10 times the overall Alberta rate. Tuberculosis Services finds this discrepancy between native and non-native rates unacceptable and has directed a focus of preventive activity to reduce rates in natives.

ENVIRONMENTAL HEALTH SERVICES

The objective of Environmental Health Services is to protect human health through the prevention, correction or control of environmental conditions (physical, chemical or biological) which may adversely affect the health of Albertans.

Environmental Health Services investigates environmental health matters; provides consultative support for public health inspectors in the health units; and provides advice, information and training on environmental health issues. Areas of responsibility include environmental health education, food safety, waste management, environmental engineering, review and enforcement of environmental health legislation, professional development, emergency response and environmental research.

Environmental Health Services is taking a lead role in the areas of food safety, waste management, indoor air quality, water quality and determining safe exposure levels of environmental contaminants.

Highlights

- Indoor Air Quality Program for Private Residences and Public Buildings underway.
- Identification of safe exposure limits of chemical air contaminants within local communities is continuing in association with Alberta Public Safety Services.
- Published the Report on H_2S Toxicity and amended Guidelines on Hydrogen Sulphide.
- Environmental Health Services involvement from an Emergency Response nature included numerous minor incidences plus four separate incidences of unlawful dumping of infectious waste.
- Study of Indoor Air Quality complaints resulting from Pelican Spruce Mills in Drayton Valley commenced.
- Study of chemical contaminants entering private residences in the Lynwood Ridge area of Calgary commenced including study for air contaminants in these residences.
- The Advisory Committee on Certification in Food Sanitation and Hygiene, established to assist in implementing a food handler training program, developed course evaluation criteria and a guide for instructors. The Advisory Committee then started to approve courses. Certificates are being issued to participants who successfully completed an approved course.
- Environmental Health Services established an Environmental Health Information System – Food User Group to discuss all aspects of the Food System. Members were from the health units using the system, Environmental Health and Information Technology Division. The result of the activities of this User Group was the development of an improved version of the information system. Health units are now appraising the System so that further modifications can be made.
- A Waste Management Information System was developed and is now ready for data entry.

LOCAL HEALTH SERVICES

COMMUNITY HEALTH NURSING

Over 800 Community Health Nurses serve thousands of families from prenatal education to bereavement support. Community Health Nurses reach out to seniors to enhance wellness and prevent chronic conditions and also provide a wide range of services to promote healthy young families through prevention of childhood illnesses and parenting education. Almost all of the immunizations of children and adults in Alberta are carried out by community health nurses. Community Health Nurses screen for potential problems in areas such as development, growth, vision, hearing and speech and refer clients to other professionals and agencies, within the health unit and the community.

The figures below reflect only a portion of the extensive contact community health nursing programs had with Albertans.

1988 PROVINCIAL COMMUNITY HEALTH NURSING STATISTICS

Contacts with Senior Adults	72,000
Contacts with Postpartum Mothers & Infants	62,000
Health Education in Groups (number of people)	275,000
Health Screening Activities	
– Screenings	656,000
– Referrals	55,000
Immunizations (doses)	610,000
Number of Homes Visited by Community Health Nurses	77,000

Highlights

- NOBODY'S PERFECT, a joint Federal/Provincial educational program designed to improve parents' abilities to maintain and promote the health of their 0-5 year old children, was introduced in Alberta through a collaborative effort of Health Units and Family and Community Support Services.

  There were 46 NOBODY'S PERFECT facilitators trained in the 1988/89 fiscal year in Alberta. Of the 46 trained, 14 were Community Health Nurses.
- Planning for the *Alberta Heart Health Survey* was started. The survey, a joint project of the Federal government, Public Health Division and Policy and Planning Division of Alberta Health, will obtain information on the risk factors of cardiovascular disease specific to Alberta. It will be carried out by Community Health Nurses from several Alberta health units in the early part of 1990.
- The development of a client-based computer program, the *Community Health Immunization*

and Nursing Activity System (CHINAS), designed to automate many aspects involved in the delivery of immunization and health promotion/disease prevention services to Albertans, was initiated.

- Alberta Health sponsored *Prospection '88,* an annual workshop which promotes information sharing, networking and staff development for senior community health nursing managers in health units.

HEALTH PROMOTION

This unit assists Albertans in improving the quality of their lives through development of strategies which increases control over and improves their health. Staff provide consultation to health units, non-profit organizations and schools on issues that encourage and support Albertans in developing healthier lifestyles.

Highlights

- *Moving into the Future ... For the Health of Albertans* was released by the Honourable Jim Dinning in April 1988. This document offers direction for "health" programs in the province and has been well received.
- Alberta sent a delegation to the National Symposium on Health Promotion and Disease Prevention held in Victoria, British Columbia in March 1989. This was a landmark event to promote further action and coordinate initiatives across Canada.
- Several health units promoted the Peer Assisted Learning (P.A.L.) program, a smoking prevention program for grade six students. Several in-service workshops for teachers were facilitated through the health units.
- The Branch produced the "Childhood Injury/Accident Prevention Action Plan" which identifies recommendations and strategies for addressing this issue.
- The Branch continued to participate in the "National Strategy to Reduce Tobacco Use," a Federal/Provincial initiative, that addresses the issue of tobacco use in Canada.

HEREDITARY DISEASES PROGRAM

The Alberta Hereditary Diseases Program consists of t Regional Genetics Centres in Edmonton and Calgary and outreach genetics services provided by over 20 community health nurses in health units across the province.

The Alberta Hereditary Diseases Program provides Albertans with assessment, consultation, referral, education and treatment for hereditary conditions and diseases. Research, data collection, professional education and consultation are also important aspects of the program.

The responsibility for the Alberta Hereditary Diseases Program is shared by two divisions of Alberta Health. Hospital Services Division funds the two regional centres and Public Health Division funds the outreach services provided by health units. An Advisory Committee reporting to the Minister advises on issues related to coordination, standards, liaison, services and socioethical matters. In 1988, the Advisory Committee prepared and submitted a detailed five-year report of their recommendations on the current and future needs of the Alberta Hereditary Disease Program to the Minister.

DENTAL HEALTH

This Branch monitors the state of oral health in the Province and develops dental programs and services in conjunction with the Health Units. Specialists provide preventive services such as dental examinations and referrals, fluoride therapy, dental health education and promotion.

Highlights

- Dental treatment was provided to nearly 25,000 Albertans in 23 communities through the Mobile Clinic and Visiting Dentist Programs.
- The Branch set up an updated dental clinic in LaCrete as part of the teaching and service delivery program administered by the University of Alberta Faculty of Dentistry.
- Health Units provided fluoride rinses to 75 per cent of children in grades one to six.
- 20,000 copies of the booklet "A Parent's Guide to Dental Health" were distributed to Alberta hospitals.

EARLY INTERVENTION PROGRAM (EIP)

Early Intervention is a home-based support service for families of developmentally delayed children between birth and 3-1/2 years. Its goal is to strengthen the family's ability to assist their children in developing to their fullest potential.

Participating children may have a delay in some or all developmental areas including motor, language, self-help, cognitive, sensory, or social skills. Delays may also be caused by a diagnosed handicapping condition such as

Down's Syndrome, cerebral palsy, or visual and/or hearing impairments.

Currently there are 15 Early Intervention Programs operating in the province. The programs are administered by health units, school boards, and voluntary associations and serve approximately 650 families per year.

NUTRITION

Highlights

- A Provincial Nutritionist completed a literature review on the prevalence of cardiovascular disease risk factors and associated health habits; as well as prepared a background document for potential heart health program planning in Alberta.
- The National Guidelines for Preschool Nutrition were reviewed. The Guidelines are to be released in the fall of 1989.
- Preliminary discussions were held between Alberta Community Nutritionists on the development of provincial strategies to implement the Canadian Guidelines for Healthy Weights.

REPRODUCTIVE HEALTH/SEXUALITY EDUCATION

The Reproductive Health/Sexuality Education program is involved in the promotion of positive sexual health and encouragement of healthy attitudes about sexuality, sexual responsibility and sexual behaviour. Toward this goal programs are developed to enhance access to sexuality education, counselling, and clinical services for all Albertans.

Highlights

- Implementation of the Provincial Training Project in conjunction with Calgary Health Services to train sexual health professionals in health unit programs.
- Publication of Program Guidelines for new Reproductive Health/Sexuality Education Programs in Alberta Health Units.
- In conjunction with Policy and Planning Division, Community Health Statistics, a data project was completed outlining the reproductive health status for adolescents in Alberta.

SPEECH PATHOLOGY AND AUDIOLOGY

On October 31, 1988, the Ministers of Health and Education jointly announced a $6.9 million funding increase for speech-language services throughout the province. Alberta Health was given the mandate to provide services to school-aged children in addition to services to preschoolers and adults. The highlight of the 1988/89 year has been to implement this mandate.

As a result of this announcement, speech-language-pathology positions in health units increased from 79 to 220. To facilitate the development of a plan for service delivery that would most effectively meet the needs of the community as a whole, health unit personnel met with school staff and other stakeholders.

A number of initiatives related to the implementation of the mandate were undertaken by the Department consultants. Recruitment efforts have been initiated, program regulations are being developed, a new information system is being developed, and a liaison with Alberta Education has been established to facilitate the needs of therapists in schools. A primary task has been to provide support and guidance to, and act as a resource for, program managers in the health units.

With this expansion and with the completion of recruitment there will be one speech-language pathologist for every 3,700 school-aged children on average province-wide. This is one of the best service ratios in Canada.

ALBERTA AIDS TO DAILY LIVING (AADL) EXTENDED HEALTH BENEFITS (EHB)

The AADL/EHB Programs assist, in cooperation with authorizers and suppliers, individuals who are disabled for a long term as well as individuals who are chronically and terminally ill, to secure certain basic medical supplies and equipment necessary for more independent functioning at home or in a home-like setting. Some benefits are classified as standard and some benefits are supplemental (i.e. available only to those who are not cost sharing). Some benefits are available to Seniors only.

Categories of benefits provided include:

— bathing and toileting aids
— walking aids
— environmental aids
— soft support garments
— hearing aids
— prosthetics/orthotics
— medical/surgical supplies
— respiratory equipment
— wheelchairs
— pediatric equipment

The AADL Program assists people under age 65. In the 1988/89 fiscal year, 22,632 Albertans received AADL benefits at a cost of $13.4 million.

The EHB Program assists people aged 65 and over. In the

1988/89 fiscal year, 62,344 Albertans received EHB benefits at a cost of $28.5 million.

Highlights

- Implementation of a major redevelopment of the AADL computer system.
- AADL contracted with three pilot sites to evaluate the feasibility of locally recycling select bathing, walking, environmental aids at a community level.
- The Branch continued to strengthen consultative relations with the newly established (February 1988) AADL Suppliers' Council. The Council met eight times in 1988/89.
- AADL chaired and participated in a Joint Working Group which was formed to discuss the mandates and equipment related services provided by established Community versus Institutional Programs. A discussion paper, citing options and recommendations will be prepared.

COORDINATED HOME CARE PROGRAM

Under this program, health units provide health and support services to help people remain independently in their homes. While 88 per cent of clients are senior citizens, the program also serves individuals with acute and palliative care needs. Demand for home care is rising, and the caseload has doubled in the last four years.

Principal statistics for the year were as follows:

Total number of clients	25,781
Nursing visits	424,944
Homemaking visits	248,804
Personal care visits	309,303
Rehabilitation therapy visits	29,635
Active Monthly Caseload, April 1988	15,469

Highlights

- Work has been completed on a comprehensive quality assurance manual. The manual contains a client outcome tool which is the first of its kind to measure outcomes in home care.
- The Alberta Assessment and Placement Instrument (AAPI) continued to be used on a voluntary basis throughout the province by Home Care Programs. The AAPI is an assessment tool used to guide the assessor in documenting an individual's long term care needs and then determining appropriate placement options either in the community with Home Care or in Long Term Care facilities. The emphasis is on exploring community alternatives first before considering institutional placement. The AAPI has been a joint project between Home Care/Community Long Term Care Branch and Long Term Care Institutions Branch of Alberta Health.
- The Price Waterhouse Evaluation of the Single Entry Assessment and Placement Model in Calgary area and Foothills Health Unit recommended this streamlined approach to access long term care services. Home Care Programs in other parts of the province are operating informally as the entry point to the long term care system.
- The Coordinated Home Care Program celebrated its 10th Anniversary at a gala dinner in December. Several people who have worked with Home Care since its beginning in 1978, were presented with certificates by the Honourable Nancy J. Betkowski.

FAMILY AND COMMUNITY SUPPORT SERVICES

Family and Community Support Services (FCSS) is responsible for helping communities to promote social, physical, and mental well-being. The division's goal is to supplement legislated programs and improve the quality and effectiveness of community efforts.

Through FCSS, communities may design and deliver programs to prevent social breakdown, to promote well-being, and to strengthen volunteerism. Municipalities, improvement districts, Indian bands, Metis settlements, and national parks are eligible to operate local FCSS programs.

Funding is provided on a cost-shared basis, with the province contributing up to 80 per cent and the municipalities 20 per cent. The focus is on local programming: each community has the authority and responsibility to set its own priorities and develop services based on local needs.

Funds allocated to municipalities during the 1988/89 fiscal year were as follows:

Administration and Planning	$ 5,656,479
Direct FCSS Funding	28,101,964
	$33,758,443

Highlights

- During 1988/89, 137 municipal provincial agreements were in effect with programs serving 92 per cent of all Albertans.

- Community programs included after-school care, meals on wheels, youth outreach, centres for seniors, family life education, home support, volunteer development, and information and referral services.
- The concept of volunteers working in FCSS communities continued to receive widespread support. In 1988/89, volunteers provided more than 1.5 million hours of support, or the equivalent of 1,000 man-years.

Vital Statistics Branch

Through administration of the Vital Statistics Act, the Marriage Act, and Change of Name Act, the branch registers all births, marriages and deaths in Alberta. It also processes change of name requests, provides a data base to monitor public health, and registers and licenses marriage commissioners and clergy to perform marriages.

A comparison of births, marriages and deaths in the 1985-1988 period is shown below.

	1988	1987	1986	1985
Births (total)	42,079	42,094	43,670	43,684
Marriages	19,272	18,623	18,892	19,738
Deaths	13,977	13,387	13,650	13,299

Highlights

- In 1988 there were 1,453 registered adoptions in Alberta.
- In 1988, 2,254 changes of name were registered.
- Of the 13,977 deaths in Alberta in 1988, 13,652 were Alberta residents. Of these 7,726 were male and 5,926 were female.
- Of the 19,272 marriages performed in Alberta in 1988, 14,383 of the grooms had not been married before and 4,450 had been divorced. Of the brides 14,307 had not been married before and 4,483 had been divorced.
- The seven leading causes of deaths in 1988 in Alberta were:

— Diseases of the Heart	3,962
— Cancer	3,482
— Cardiovascular Disease (strokes)	1,031
— Accidents & Adverse Effects	1,000
— Chronic Obstructive Pulmonary Disease	547
— Pneumonia & Influenza	530
— Suicide	407

Library and Inquiry Services Branch

The Library and Inquiry Services Branch provides materials and services for research and information needs, and supplies materials and services to support health promotion activities. The branch also serves external clients including other government departments, health-oriented agencies and groups, and the public.

The following table summarizes, in round figures, library and related information services rendered during the year.

Responses to information requests requiring significant research	9,500
Books loaned	8,500
Periodicals loaned	3,400
Interlibrary loans processed	3,600
Pages of data supplied	311,450
On-line data base searches completed	420
Audio-visual materials (public health and mental health) loaned by Provincial Film Library	5,500

Highlights

The Library Services Branch's major activities during 1988-89 included:

- The integration of library services and collections into one system serving the whole Department and all Albertans;
- The automation of a substantial portion of the library collection to increase access to resources;
- The continued development and promotion of the Provincial AIDS Resource Collection; and
- Upgrading of the Department's public health and mental health audio-visual materials in the Provincial Film Library, which are available to health organizations, schools and the public.

STATUTORY CHANGES

New Mental Health Act

To implement recommendations of the Drewy Report that have been accepted by the Government. To recognize and respect the rights of mental health patients. To improve measures for the protection of the public. To facilitate more efficient administration of the Mental Health Program. ASSENTED TO JULY 6, 1988. PENDING PROCLAMATION.

The Calgary General Hospital Board Amendment Act

To enable the Minister to appoint members to the Calgary General Hospital Board which has recently been given the responsibility of operating the new Peter Lougheed General Hospital. ASSENTED TO JULY 6, 1988.

Marriage Act

Amended to remove the requirement for a premarital blood test for syphilis. ASSENTED TO MAY 27, 1988.

Public Health Act

Amended to allow the board of a health unit to establish foundations and to allow physicians to issue isolation orders for recalcitrant patients with incurable infectious diseases. ASSENTED TO JULY 6, 1988.

REGULATORY CHANGES

Alberta Health Care Insurance Regulation (AR 216/81)

Amended to provide full coverage for the cost of out-of-province insured medical and hospital services including transportation where the services are not available in Alberta. New policy would remove the requirement for the resident to demonstrate financial need before receiving assistance. (AR 139/88)

Amended to make x-rays available to other practitioners. (AR 209/88)

Alberta Hospitalization Benefits Regulation (AR 355/73)

Amended to implement new funding policy regarding formula and specific equipment funding. (AR 172/88)

Chiropractic Benefits Regulation (AR 23/83)

Amended to reflect an increase to the annual individual benefit limit from $200 to $300 per benefit year. Effective July 1, 1988. (AR 182/88)

Communicable Diseases Regulation (AR 238/85)

Amended to add "Chlamydia Trachomatis Infections (genito-urinary)" to the Schedule which lists notifiable sexually transmitted communicable diseases; as well as adding Chlamydia Trachomatis Infections (genito-urinary) and Human Immunodeficiency Virus Infections to the Schedule which lists those diseases for which a certificate, isolation order or warrant for examination may be issued. (AR 357/88)

Coordinated Home Care Program Regulation (AR 239/85)

Amended to designate a Grande Prairie residential project as an approved facility to provide home support services for the physically disabled. (AR 319/88)

Family and Community Support Services Regulation (AR 237/81)

Amended to ensure that all municipalities are able to receive advance payments for funding programs in an equitable manner, regardless of the financial year used; and ensure that all municipalities have a four month period after their financial year end in which to submit financial statements. (AR 241/88)

Health Insurance Premiums Regulation (AR 217/81)

Amended to make foreign students ineligible for premium subsidy and waiver of premiums for health care and Alberta Blue Cross. Effective July 1, 1988. (AR 190/88)

Amended the definition of "taxable income" so as to maintain eligibility for subsidy and waiver of premiums programs due to change in federal tax calculations. (AR 71/89)

Hospital Districts Regulation (AR 145/71)

Amended to provide for a definite term of office for initial district board members. (AR 218/88)

Medical Benefits Regulation (AR 106/86)

Amended to address inequities in accordance with the draft agreement reached between the AMA and the Government which was approved in December, 1987. Effective April 1, 1988. (AR 98/88)

Amended to reinstate services related to contraception and sterilization. Effective April 7, 1988. (AR 102/88)

Amended the schedule to reflect an increase to benefit items for anaesthetic fees for major procedures. Effective June 1, 1988. (AR 155/88)

Amended the benefit items for formal major consultation

and medical eye examinations and the assessment categories so that there are now two categories in reference to the submission of claims: (a) 18 and younger and 65 and older remains at one claim per benefit year; (b) 19 to 64 years or age – claims may be submitted every two benefit years. Effective July 1, 1988. (AR 183/88)

Amended the Schedule in reference to Cardiac-Thoracic and Vascular Surgery in order to reflect a number of changes in the benefit codes. (AR 196/88)

Mental Health Regulation (AR 119/73)

Amended to designate the Misericordia Hospital, Royal Alexandra Hospital and the University of Alberta Hospital as "Facilities". Effective April 1, 1988. (AR 80/88)

Amended to designate the Grey Nuns Hospital as a "Facility". Effective July 1, 1988. (AR 191/88)

Nursing Homes General Regulation (AR 232/85)

Amended to enable the Minister to make grants for operating and capital costs to operators of non-district nursing homes. (AR 219/88)

Nursing Homes Operation Regulation (AR 258/85)

Amended to provide an increase of 1.5 per cent in the per diem rate for operators of nursing homes and an allowance for the Registered Nurses contract settlement. Effective April 1, 1988. (AR 95/88)

Amended to provide an increase of 2.4 per cent in the per diem rate for operators of nursing homes. Effective April 1, 1988. (AR 222/88)

Operation of Approved Hospitals Regulation (AR 146/71)

Amended so that medical staff by-laws are required to include a list of minimum investigations that must accompany a patient to surgery. (AR 337/88)

Optometric Benefits Regulation (AR 27/83)

Amended to reflect rate and annual benefit rate changes and as per the Agreement between the Minister and the Alberta Optometric Association, optometrists will give up the right to balance bill for certain optometric services which services will now be covered by the Plan. Coverage has been reinstated under the Plan for vision exams for Albertans – between 18 and 65 years of age coverage is at an interval of every two years, while those persons 18 years and under and 65 years and over, coverage will continue to be covered on an annual basis. Effective July 1, 1988. (AR 184/88)

Penalty Regulation (AR 29/88)

New Regulation. Effective July 1, 1988 – Implementation of interest/penalty charge for unpaid premiums. (AR 29/88)

Physical Therapy Benefits Regulation (AR 303/85)

Amended to allow persons that have undergone day surgery in hospitals and, as a consequence, are referred to physical therapists in private practice for follow-up therapy to receive this on-going treatment without the annual benefit limits being applied. Effective April 22, 1988. (AR 118/88)

Amended to reflect and increase to the annual individual benefit limit from $200 to $300 per benefit year. Effective July 1, 1988. (AR 181/88)

Podiatric Benefits Regulation (AR 29/83)

Amended to reflect an equivalent dollar reduction to schedule by 12.5 per cent. Effective April 1, 1988. (AR 96/88)

Amended to reflect an increase to the annual individual benefit limit from $200 to $300 and implements an increase of 14.29 per cent to the fee schedule. Effective July 1, 1988. (AR 185/88)

Regional Mental Health Area Regulations (AR 65/75)

Amended to provide representation for a member of the educational profession on the Peace River-Grande Prairie Regional Mental Health Council. (AR 142/88)

FINANCIAL INFORMATION 1988/89

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AMOUNTS RELATING TO ALBERTA HEALTH
INCLUDED IN GENERAL REVENUE FUND
STATEMENT OF EXPENDITURE BY PROGRAM AND SUB-PROGRAM
for the year ended March 31, 1989

Program Sub-Program	Funds Provided					Expended	Unexpended (Over Expended)
	Estimates	Prior Year Liabilities	Special Warrants	Transfers	Total Authorized		
Departmental Support Services	$ 24,691,968	$ (24,650)	$ —	$ —	$ 24,667,318	$ 24,600,884	$ 66,434
Health Care Insurance							
Administrative Support	25,334,397	—	—	1,400,000	26,734,397	26,486,547	247,850
Provincial Contribution to the Health Care Insurance Fund	512,904,000	—	—	(1,400,000)	511,504,000	473,283,565	38,220,435
	538,238,397	—	—	—	538,238,397	499,770,112	38,468,285
Financial Assistance for Active Care							
Program Support	79,967,242	—	518,819	11,207,804	91,693,865	91,101,183	592,682
Major Urban Medical and Referral Centres	775,181,658	—	29,584,092	(2,461,444)	802,304,306	802,300,488	3,818
Other Referral Centres	164,304,721	—	5,391,246	(4,098,218)	165,597,749	165,482,497	115,252
Specialized Active Care	137,836,375	—	4,989,200	(5,368,392)	137,457,183	137,440,336	16,847
Community-Based Hospital Facilities	175,463,374	—	5,927,857	(2,320,000)	179,071,231	178,889,940	181,291
Rural Community-Based Hospital Facilities	113,516,172	—	3,946,524	2,588,700	120,051,396	120,575,452	(524,056)
Capital Support	26,429,262	—	—	451,550	26,880,812	26,606,634	274,178
	1,472,698,804	—	50,357,738	—	1,523,056,542	1,522,396,530	660,012
Financial Assistance for Long-Term Care							
Program Support	14,510,368	—	—	(4,150,000)	10,360,368	8,693,617	1,666,751
Auxiliary Hospitals	255,056,987	—	—	4,615,000	259,671,987	259,768,263	(96,276)
District Nursing Homes	46,343,871	—	—	—	46,343,871	45,116,375	1,227,496
Private Nursing Homes	62,532,526	—	—	(2,615,000)	59,917,526	57,121,392	2,796,134
Voluntary Nursing Homes	26,754,904	—	—	(1,000,000)	25,754,904	25,119,022	635,882
Capital Support	926,783	—	—	3,150,000	4,076,783	4,688,345	(611,562)
	406,125,439	—	—	—	406,125,439	400,507,014	5,618,425

AMOUNTS RELATING TO ALBERTA HEALTH
INCLUDED IN GENERAL REVENUE FUND
STATEMENT OF EXPENDITURE BY PROGRAM AND SUB-PROGRAM
for the year ended March 31, 1989

Program Sub-Program	Funds Provided					Expended	Unexpended (Over Expended)
	Estimates	Prior Year Liabilities	Special Warrants	Transfers	Total Authorized		
Preventive Health Services							
Program Support	$ 560,831	$ —	$ —	$ 215,000	$ 775,831	$ 767,482	$ 8,349
Family and Community Services	31,729,770	—	—	15,000	31,744,770	31,553,729	191,041
Prevention of Communicable Disease	9,858,649	—	—	(300,000)	9,558,649	9,476,622	82,027
Provincial Laboratories of Public Health	8,767,248	—	—	912,000	9,679,248	9,678,257	991
Home Care Services	32,653,575	—	4,767,940	255,000	37,676,515	37,498,564	177,951
Environmental Health Services	6,413,719	—	194,595	64,000	6,672,314	6,780,619	(108,305)
Dental Health Services	8,173,632	—	205,407	343,000	8,722,039	8,580,371	141,668
Auxiliary Health Services	60,052,726	—	7,423,470	616,000	68,092,196	68,238,958	(146,762)
Independent Living Benefits	48,796,435	—	—	(2,120,000)	46,676,435	44,378,399	2,298,036
Vital Statistics	1,525,491	—	—	—	1,525,491	1,575,320	(49,829)
	208,532,076	—	12,591,412	—	221,123,488	218,528,321	2,595,167
Mental Health Services							
Program Support	1,443,807	—	—	152,549)	1,596,356	1,216,733	379,623
Community Mental Health Services	25,400,857	—	—	(152,549)	25,248,308	24,670,060	578,248
Extended Community Care Centres	16,657,554	—	—	—	16,657,554	17,079,249	(421,695)
	43,502,218	—	—	—	43,502,218	42,966,042	536,176
Alcohol and Drug Abuse – Treatment, Prevention and Education	25,706,464	—	885,000	—	26,591,464	26,591,464	—
TOTAL 1989	$2,719,495,366	$ (24,650)	$ 63,834,150	$ —	$2,783,304,866	$2,735,360,367	$ 47,944,499

AMOUNTS RELATING TO ALBERTA HEALTH INCLUDED IN THE GENERAL REVENUE FUND STATEMENT OF REVENUE for the year ended March 31, 1989

	1989	1988
Payments from Government of Canada:		
Hospital insurance	$495,756,216	$442,379,424
Vocational rehabilitation, disabled persons	8,373,666	7,770,428
Other	126,174	116,824
	504,256,056	450,266,676
Fees, Permits and Licenses:		
Vital Statistics Act	1,553,370	1,238,420
Maintenance	1,405,456	1,767,720
Other	518,109	404,395
	3,476,935	3,410,535
Other Revenue:		
Refunds of expenditure:		
Third Party Liability	7,131,446	5,051,916
Previous years' refunds	2,165,037	5,837,910
Services and supplies to staff	16,375	16,213
Other	12	19
Miscellaneous:		
Donation	1,000,000	—
Workers' Compensation Board administration fees	243,750	187,500
Other	636,678	489,429
	11,193,298	11,582,987
Total Revenue	$518,926,289	$465,260,198

AMOUNT RELATING TO ALBERTA HEALTH
INCLUDED IN THE ALBERTA HERITAGE SAVINGS TRUST FUND
for the year ended March 31, 1989

PROJECT DESCRIPTION

Applied Cancer Research

Through its support to both clinical and pure research, this grant program is helping to make Alberta a centre of excellence in cancer research. The projects funded through the program provides benefits which extended beyond the laboratory and clinical trial to bedside patient care.

STATEMENT OF AMOUNTS EXPENDED
for the year ended March 31, 1989

Project	Amounts Authorized	Amounts Expended	Unexpended (Over Expended)
Applied Cancer Research	$2,800,000	$2,396,515	$403,485

HEALTH CARE INSURANCE FUND
FINANCIAL STATEMENTS
MARCH 31, 1989

Auditor's Report
Balance Sheet
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AUDITOR'S REPORT

To the Minister of Health

I have examined the balance sheet of the Health Care Insurance Fund as at March 31, 1989 and the statements of revenue, expenditure and contributions and changes in financial position for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Fund as at March 31, 1989 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Donald D. Salmon

FCA
Auditor General

Edmonton, Alberta
August 4, 1989

HEALTH CARE INSURANCE FUND
BALANCE SHEET
AS AT MARCH 31, 1989

(thousands of dollars)

	1989	1988
ASSETS		
Cash	$ 99,277	$ 95,075
Accounts receivable (Note 3)	40,635	29,763
	$139,912	$124,838
LIABILITIES		
Accounts payable	$ 3,605	$ 3,459
Claim benefits payable (Note 4)	87,061	92,541
Unexpended contributions due to the Province of Alberta	38,221	26,639
Unearned premiums (Note 5)	11,025	2,199
	$139,912	$124,838

The accompanying notes are part of these financial statements.

HEALTH CARE INSURANCE FUND
STATEMENT OF REVENUE, EXPENDITURE AND CONTRIBUTIONS
FOR THE YEAR ENDED MARCH 31, 1989

(thousands of dollars)

	1989	1988
REVENUE		
Premiums earned, net	$270,003	$246,357
Bank interest and miscellaneous	9,009	4,882
Penalties, net	330	—
	279,342	251,239
EXPENDITURE		
Basic health services:		
Medical	653,997	619,136
Chiropractic	24,327	20,769
Physical therapy	20,082	16,618
Optometric	13,123	7,027
Oral surgery	9,853	13,131
Podiatric	3,358	2,973
	724,740	679,654
Optional health services, Alberta Blue Cross Plan	121,075	109,081
Extended health benefits	36,680	35,449
Out of province hospital costs	32,123	26,105
Liability insurance contributions	4,444	—
Continuing medical education fund contributions	1,812	1,726
Disability insurance fund contributions	1,315	1,253
Location incentives	1,019	1,413
	923,208	854,681
Excess of expenditure over revenue for the year	$643,866	$603,442
CONTRIBUTIONS		
Government of Canada	$170,584	$152,213
Province of Alberta	473,282	451,229
	$643,866	$603,442

HEALTH CARE INSURANCE FUND
STATEMENT OF CHANGES IN FINANCIAL POSITION
FOR THE YEAR ENDED MARCH 31, 1989

(thousands of dollars)

	1989	1988
Operations:		
Cash provided from:		
Increase in unearned premiums	$ 8,826	$ 407
Increase (decrease) in accounts payable	146	(469)
	8,972	(62)
Cash applied to:		
Excess of expenditure over revenue	643,866	603,442
Increase in premiums receivable and other receivables	14,594	2,508
Decrease (increase) in claim benefits payable	5,480	(8,790)
	663,940	597,160
Cash applied to operations	(654,968)	(597,222)
Contributions:		
Cash provided by:		
Government of Canada	170,584	146,499
Province of Alberta	511,503	477,868
	682,087	624,367
Cash applied to:		
Reimbursement to Province of Alberta of prior year's unexpended contributions	26,639	12,409
Cash provided by contributions	655,448	611,958
Transactions under administration agreements:		
Cash received for:		
Hospital costs, reciprocal agreements	47,648	36,977
The Workers' Compensation Board	14,215	11,403
Medical costs, reciprocal agreements	10,577	—
Sessional payments	5,353	6,012
	77,793	54,392
Cash expended for:		
Hospital costs, reciprocal agreements	44,005	36,247
The Workers' Compensation Board	13,052	12,827
Medical costs, reciprocal agreements	12,287	325
Sessional payments	4,727	5,580
	74,071	54,979
Cash provided by (applied to) transactions under administration agreements	3,722	(587)
Increase in cash	4,202	14,149
Cash at beginning of year	95,075	80,926
Cash at end of year	$ 99,277	$ 95,075

HEALTH CARE INSURANCE FUND
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 1989

Note 1 Authority

The Health Care Insurance Fund operates under the authority of the Alberta Health Care Insurance Act, Chapter A-24, Revised Statutes of Alberta 1980, as amended.

Note 2 Significant Accounting Policies and Reporting Practices

Government of Canada Contributions

Government of Canada contributions are received by the Provincial Treasurer pursuant to provisions of the Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, 1977 (Canada), as amended. Amounts deemed by the Provincial Treasurer to be contributions with respect to health care are then paid into the Health Care Insurance Fund.

Unearned Premiums

Unearned premiums consist of premiums received, or billed and due, for periods after the year-end.

Note 3 Accounts Receivable

Accounts receivable consist of the following:

	1989	1988
	thousands of dollars	
Operating:		
Premiums, less allowance for uncollectible accounts and adjustments	$33,420	$19,026
Other	408	208
	33,828	19,234
Receivables under administration agreements:		
Hospital costs, reciprocal agreements	2,205	5,848
Medical costs, reciprocal agreements	2,035	325
The Workers' Compensation Board payments	1,287	2,450
Sessional payments	1,280	1,906
	6,807	10,529
	$40,635	$29,763

Note 4 Claim Benefits Payable

Claim benefits payable consist of the following:

	1989	1988
	thousands of dollars	
Basic health services	$57,823	$68,327
Optional health services, Alberta Blue Cross Plan	13,780	12,824
Out of province hospital costs	12,223	7,856
Extended health benefits	3,235	3,534
	$87,061	$92,541

Claim benefits payable consist of known liabilities payable at the year end and estimated additional liabilities for services provided prior to the year end based on historical information about the relationships between service and payment dates.

Note 5 Unearned Premiums

Unearned premiums consist of the following:

	1989	1988
	thousands of dollars	
Amounts billed in advance	$ 8,795	$ —
Unbilled amounts prepaid by registrants	2,230	2,199
	$11,025	$2,199

The premium billing systems were changed during the year resulting in certain registrants being billed in advance at the year-end.

Note 6 Administration Expenses

Costs incurred in the administration of the Fund have been borne by the General Revenue Fund and are not reflected in these financial statements.

Note 7 Comparative Figures

The 1988 figures have been reclassified where necessary to conform to 1989 presentation.

Note 8 Approval of Financial Statements

These financial statements were approved by management.